THE CANADIAN NURSE

PERIODICALS

VOLUME 52 • NUMBER 9
MONTREAL

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SEPTEMBER 1956

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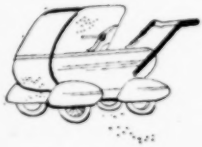

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L'Infirmière Canadienne

VOLUME 52 **NUMBER 9**

SEPTEMBER 1956

678 NEW PRODUCTS

687 PRAIRIE CONVENTION

699 SASKATCHEWAN'S EXPANDING HEALTH SERVICES ..... *T. J. Bentley*

703 AND THE WORLD TOO ..... *Helen G. McArthur*

706 STUDENT DAY ACTIVITIES ..... *Edythe Wildfang*

708 CHANGING ATTITUDES ..... *Elisabeth C. Phillips*

712 GLOMERULONEPHRITIS ..... *Sr. Mary Doris*

715 LIFE, PROFESSION AND SCHOOL ..... *Sir Fred Clarke*

722 IN MEMORIAM

724 LEUKEMIA ..... *W. Schweisheimer*

728 QUELQUES CONSIDÉRATIONS SUR L'ANÉMIE ET LES ETATS ANÉMIQUES ..... *Eugénie Tessier*

734 NURSING ACROSS THE NATION

738 LE NURSING À TRAVERS LE PAYS

742 SÉLECTION

744 BOOK REVIEWS

752 NEWS NOTES

758 EMPLOYMENT OPPORTUNITIES

Editor and Business Manager
MARGARET E. KERR, M.A., R.N.

Assistant Editor
JEAN E. MacGREGOR, B.N., R.N.

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A Lion and a Mouse

Upon the roaring of a Beast in the Wood, a Mouse ran presently out and saw a Lion Hamper'd in a Net. Upon a strict Enquiry, she found this to be the very Lion that let her go when she had fall'n under his Paw. So she set herself to gnaw upon the Threds and deliver'd her Preserver.

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Between Ourselves

ANYONE WHO HAS EVER been associated with the planning for and subsequent follow-up of a convention will know how busy our National Office secretaries have been and are. We at the Journal office do not have the preliminary responsibilities — ours begin after the convention is over. Then we begin to sort out the impressions, the reports and the addresses so that they may be shared completely and quickly with you.

In previous years the timing of the convention has permitted us to write the day-by-day story of happenings and have it ready for the August issue. This year, our plans were being made to send wire releases to our office to beat the deadline when Gladys J. Sharpe graciously consented to have her presidential address appear as the lead article for August. The detailed story of the convention is therefore included in this issue.

As is noted in that story, the individual reports of committee chairmen, the general secretary-treasurer and the editor will not be published in *The Canadian Nurse*. Instead, the highlights of the reports have been incorporated into "Prairie Convention."

Folios of the reports, in both English and French, were at hand for the convention registrants. A small supply of them is still available for distribution at National Office. Since it will be a case of first come, first served, if you wish a copy for you own reading, write without delay to the CNA, 270 Laurier Ave., W., Ottawa.

When are the various addresses to be published? The following schedule has been worked out and, unless something very unexpected happens, they will appear as follows:

September Keynote Address — Hon. T. Bentley.
Closing Address — Helen G. McArthur.

October Mary Agnes Snively Lecture — Byrne Hope Sanders.
Signpost at Geneva — Dorothy M. Percy.

November Nursing Education — Margaret Arnstein.
Nursing Service — Mildred Schwier.
Address by Adelaide Sinclair.

* * *

Everyone likes to receive letters. This generalization fits your editor as closely as it does all of the readers of the Journal. There is a sense of anticipation every time the mailman arrives. What will there be this time?

As may well be imagined, a very considerable portion of the mail each day at the *Journal* office consists of changes of address. We are so glad to have these promptly so that we may guard against any interruption in the delivery of your copies to you. However, there are a few ways in which you can assist us to make the change of address business even faster. Since the subscriptions for nearly 29,000 of our subscribers are sent to us by the provincial nurses' associations, an index card system has now been set up on a provincial basis. When Mary Jones, let us say, writes us saying only, "Please change my address to thus-and-so," we are stuck! Which Mary Jones is she? Where did she live previously? There is nothing to do but write her and ask. So, please —

Give your name, province, registration number, old address, new address. If you have been married, tell us your maiden name, too.

The above procedure would be greatly simplified if you would simply clip your name and address from the envelope in which your copy reaches you. Pin it, stick it on with Scotch tape or the nurse's old reliable, adhesive. Write your new address and change of name, if any, below. Simple, isn't it?

Remember, neither your provincial association nor the post office assumes the responsibility for keeping us posted regarding your changes of address. Nor do we accept any obligation for replacing issues that are lost or undelivered because they went to the wrong address. Help us to serve you!

* * *

Another kind of letter that comes often is the one that seeks information on any one of a thousand topics. Sometimes the letters are referred immediately to one or another of the secretaries at National Office. Inquiries relating to nursing education, to postgraduate courses, to a possible listing of the hospitals in Yukon or the West Indies rightly should go to the people who have this information readily available. If you have forgotten which secretary does what, refer to the last section of the CNA Official Directory.

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Edited by DEAN F. N. HUGHES

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Description—Each tablet contains 45 mg. (¾ gr.) butabarbital in a special formulation for slow release over 10 to 12 hours.

Indications—For simple insomnia, nervousness.

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Manufacturer—Warner-Chilcott Laboratories Co. Ltd., Toronto.

Description—N-methyl-piperidyl-(3)-methyl phenothiazine, in 25 mg. and 50 mg. tablets and in 2 cc. ampoules (1 cc. = 25 mg.).

Indications—Used for the treatment of mental disturbances characterized by anxiety, restlessness, excitement and abnormal behavior ranging from lesser emotional disorders to severe mental illness. Used to potentiate analgesics and opiates in intractable pain including cancer. In minor surgery with local anesthesia quiets patient and reduces apprehension.

Administration—Severe mental cases 50-100 mg. orally t.i.d. Mild mental cases 25 mg. orally t.i.d.

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PARASAL-S.A. e INH

Manufacturer—Panray Corporation, N.Y. **Can. Dist.:** Winley-Morris Co., Montreal.

Description—Contains 0.5 gm. of P.A.S. (para aminosalicylic acid); 20 mgm. of isoniazid in the centre of tablet, coated for delayed action; 0.5 gm. of P.A.S. buffered with dihydroxy aluminum aminoacetate and calcium carbonate; 20 mgm. of isoniazid in the outside coating for immediate absorption.

Indications—In the treatment of tuberculosis.

Administration—8 to 12 tablets per day in divided doses as directed by the physician.

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Manufacturer—Sherman Laboratories, Detroit 11, Mich., and Windsor, Ont.

Description—Each light yellow, scored tablet contains: Acetylsalicylic acid 2½ gr. and salicylsalicylic acid 7½ gr.

Indications—Relief of pain and distress during hours of sleep; arthritic and rheumatic involvements, bursitis, myalgias, neuralgias, and other types of pain relieved by salicylates; fever and distress of upper respiratory tract and other infections. Analgesic levels of salicylate persist in the blood for 5 to 8 hours following a single dose.

Administration—Adults, 3 tablets before retiring. Children, age 2 to 4, ½ tablet; age 5 to 9, 1 tablet; age 10 to 12, 1½ tablets; age 13 and over, 2 tablets.

SERTENS

Manufacturer—Ingram & Bell Limited, Toronto.

Description—Reserpine crystalline, scored tablets of 0.1 mg. (white) and 0.25 mg. (yellow).

Indications—For control of essential hypertension in mild to moderate cases. Also as a tranquilizing agent in various anxiety states.

Administration—In hypertension and anxiety states the average daily dose is 1.0 mg. This dosage should be varied according to the patient's response.

SPARINE

Manufacturer—John Wyeth & Brother (Canada) Ltd., Walkerville, Ont.

Description—Promazine 10-(gamma-dimenthylamine-n-propyl-phenothiazine) HCl.

Indications—Treatment of the acutely agitated patient, such as the acute alcoholic, the acute psychotic and the drug addict.

Administration—Dosage and route of administration governed by the degree of excitation and the response.

Acutely agitated patients—50-150 mg. intravenously; if desired calming effect not apparent in 5 to 10 minutes, additional doses up to a total of 300 mg. may be given. Once the desired effect is obtained 25 to 200 mg. may be given intramuscularly or orally at 4 to 6 hour intervals.

Acutely inebriated patients—Initially, no more than 50 mg. Once the desired effect is obtained, administer in doses of 25 to 200 mg. every 4 to 6 hours.

Contraindicated in comatose states due to central depressants. Use with caution in cerebral arteriosclerosis, coronary disease or other conditions where a drop in blood pressure may be undesirable.

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Manufacturer—British Drug Houses (Canada) Ltd., Toronto.

Description—Each capsule contains: Myanesin (mephenesin) 250 mg., acetylcarbromal 250 mg., reserpine 0.2 mg.

Indications—Anxiety neuroses, post-alcoholic tension states, neuromuscular hypertension, menopausal hypertension, anxiety with angina pectoris, neurogenic dermatitis, stress of psychogenic origin.

Administration—Suggested initial dosage: 1 or 2 capsules 2 to 4 times a day for 3 to 5 days; reduce gradually until minimum daily maintenance dose has been established.

AZO-GANTRISIN

Manufacturer—Hoffmann-La Roche Limited, Montreal.

Description—Combines in a single tablet 500 mg. gantrisin, the broad-spectrum highly soluble sulfonamide for antibacterial action, and 50 mg. phenylazodiaminopyridine HCl for local analgesic action.

Indications—Urinary tract infections, when associated with pain and discomfort; particularly useful in cystitis, prostatitis and urethritis when due to susceptible organisms. Valuable following urologic surgery and diagnostic instrumentation.

Dosage—Two tablets, 4 times daily, or as directed by the physician.

BONAMINE TABLETS

Manufacturer—Pfizer Canada, Montreal.

Description—Candy-coated chewing tablets containg 25 mg. of bonamine (meclizine hydrochloride) in a mint-flavoured base.

Indications—For the prevention of motion sickness in adults and children.

Administration—Chew one tablet one hour before commencing travel.

CONSTIBAN

Manufacturer—E. B. Shuttleworth, Limited, Toronto.

Description—Contains: Dioctyl sodium sulfosuccinate, an unusually active wetting agent. Exerts no pharmacologic effect. By its physical wetting effect alone, penetrates and softens the bowel content with water.

Indication—Chronic constipation.

Administration—Tablets: 1 or 2 tablets daily. May be increased to 3 or 4 if necessary, then gradually decreased as function returns toward normal. Cathartic addicts should be "weaned" while taking a constant dose of constiban.

Liquid has a bitter taste. This is not noticeable when the recommended dose is mixed with the formula of ½ glass of milk or fruit juice.

(PR) CORSALENT

Manufacturer—Canada Pharmacal Co. Ltd., London, Ont.

Description—Red sugar-coated tablet contains: Salicylamide 4½ grs., sodium paraamino benzoate 3½ grs. and hydrocortisone 1.0 mgm.

Indications—For the symptomatic relief of pain in arthritis and rheumatism.

Administration—Initially 3 tablets 3 or 4 times a day. Gradually reduce to minimum sustaining regimen until final discontinuance.

DEXAVITE

Manufacturer—Elliott-Marion Company Ltd., Montreal.

Description—Each "Extensule" (timed disintegrating capsules) contains: D-amphetamine sulphate 10.0 mg., vitamin A (synthetic) 6600 I.U., vitamin D (synthetic) 400 I.U., thiamine 1.6 mg., riboflavin 2.5 mg., niacinamide 15.5 mg., ascorbic acid 30.0 mg., ferrous gluconate 50.0 mg.

Indications—As a dietary adjunct in obesity; for the emotionally depressed patient, the convalescent or the aged. Contraindicated in presence of hyperexcitability and whenever vasoconstrictors should not be used.

Administration—Suggested dosage: 1 capsule daily, taken at 10 or 11 a.m.

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Administration—Apply a small quantity on the affected areas 3 or 4 times daily.

Only when we look back at the long course of our life and its general results can we see the why and wherefore of it all. A thousand things become clear which were formerly obscure, and we gain a satisfying feeling of difficulties overcome. — *Health*

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THE CANADIAN NURSE
L'Infirmière Canadienne
A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION
VOLUME 52 NUMBER 9
MONTREAL, SEPTEMBER, 1956

Prairie Convention

Preliminaries

When, on June 25, 1956, the Honorable D. L. Campbell, premier of Manitoba, declared the 28th biennial convention of the Canadian Nurses' Association officially opened the united efforts of dozens upon dozens of nurses were brought into focus to produce one of the finest and most stimulating conventions on record. As with any good thing, months of planning, hundreds of hours of attention to myriads of details, thousands of letters between individuals, between committees to and from National Office, had been necessary to furnish the preliminary ingredients for success. How would the finished product "take"?

The first hurdle that had to be overcome was the fact that two provincial nurses' associations, not just one as for all the preceding 27 conventions, were serving as joint hostesses. What could be used as the motif that would be distinctively characteristic of both Manitoba and Saskatchewan? Both were prairie provinces. Both had been opened up initially by fur traders. Both had seen hundreds of settlers arrive to lay claim to vast acreages as homesteads. What could be more typical of each than the old covered wagons that once had jogged across the plains? Hundreds of women in sunbonnets and full skirts had accompanied their menfolk on this trek to distant parts of both provinces. So "Covered Wagons" and "Sunbonnet Sues" were chosen.

With the advice of Professor J. A. Russell of the Department of Architecture of the University of Manitoba and the active assistance of Mr. Grant Marshall from the Department of Interior Design, the main entrance to the convention hall was adorned with replicas of covered wagons. There, in gaily colored sunbonnets that had been provided by the nurses of Saskatchewan, were installed the "know-the-answer" girls, with INFORMATION spelled out in twigs.

The Travellers

By train, by plane, by bus, by car, nurses poured into Winnipeg over the weekend. As in 1954 the railways had provided special nurses' trains from eastern Canada. Once again, a program of fun and games and a steady flow of gifts made the time go even

All aboard!

faster than the train. After captains were appointed for each coach, programs were distributed, each with a bottle of perfume attached to a straw hat. A fresh yellow or red rose was given to each passenger at breakfast. During the day there was a drawing for special prizes that had been

Fun en route

donated. A sherry party before dinner and a sing-song afterwards made it a happy day. The student nurses who were allowed to borrow the saris from the Indian nurses attending McGill

In borrowed finery

will not soon forget the pleasure of beautiful garments.

The Sunbonnet Sues met each train and plane — even in the wee small hours of the morning. Soon the dormitories at the University, the major hotels and most of the motels along Pembina Highway were thronging with nurses from every part of Can-

At the station

ada. The record for distance travelled, expressly to reach the convention, surely goes to Miss Marion West, deputy editor of *Nursing Times,* and editor of the *Journal for Industrial Nurses* who flew over from London, England.

SUNDAY

While Executive Committee members attended to business at the preconvention board meeting, glimpses of the city and surrounding area were provided for the visitors. Dozens of cars were driven by alumnae members, their husbands or brothers, who took advantage of the beautiful day to give more than 150 nurses privately conducted sightseeing tours. Some of the groups were later entertained to supper parties at the homes of their hosts.

Church Services

Special church services were arranged, the Protestants going to Westminster United Church, the Roman Catholics to St. Mary's Cathedral. Those attending the latter service were guests at a reception given by the Sisters at Misericordia Hospital later that evening.

MONDAY

Simultaneous Translation

To ensure complete understanding of every part of the program, 50 pairs of earphones were available to any who wished to listen to the simultaneous translation into French. Perhaps it is an indication of an unsuspected degree bilinguality that seldom were more than half of the earphones in use. Still, they were used by a few at every session which certainly justified the expense incurred.

Starring in the role of translators were quick-thinking and nimble-tongued Andrée Francoeur and Blake T. Hanna of Montreal. Graduates of the Institute of Translation, University of Montreal, the pair, who spelled each other off at half-hour intervals, were able to keep only four or five words behind the speakers. The bewilderment on the listeners' faces when the translators turned remarks that were made in French back into English was amusing.

Opening Ceremonies

The fact that 13 persons were in the procession that went to the platform for the opening ceremonies did not cause a tremor in even the most superstitious. Perhaps it was a lucky number after all for this proved a most auspicious opening to a highly successful convention.

Hon. D. L. Campbell, in welcoming the Canadian Nurses' Association to Manitoba, commented that the vast, sparsely settled areas of our country demand a healthy, virile people capable of undertaking the gigantic tasks that confront them. The provision of adequate nursing services is basic to the maintenance of healthy citizens in rural as well as urban areas.

The president of the University of Manitoba, Dr. H. H. Sanderson, in pronouncing the invocation used a most appropriate prayer of the late Dr. Peter Marshall that we "might be part of the answer and not part of the problem" in the coming sessions.

Mary MacKenzie, president of the Saskatchewan Registered Nurses' Association noted that the convention program had been designed to "feed the minds of the members. Your hostesses will do everything else!" Marie LaCroix, newly elected president of the Manitoba Association, gave an equally warm welcome to all of the visitors.

Buses brought nurses from town

The keynote address, delivered by the Honorable T. J. Bentley, Minister of Public Health for Saskatchewan, appears elsewhere in this issue. President Gladys Sharpe's opening address was published last month. Emphasizing the convention theme, Miss Sharpe said "If tomorrow's pattern is to reflect our theme — Nursing Serves the Nation — nursing progress demands constant challenge, bold thinking, critical study, pointed discussion and trial in the practice of new ideas."

Reports

A mimeographed folio of the reports of association and committee activity was provided for each registrant. These reports will not be printed but any nurses desirous of receiving the folio should send their request immediately to the National Office of the CNA, 270 Laurier Avenue West, Ottawa. In this story, the highlights from each of these reports will be included so that every nurse in Canada may have an opportunity to know the gist of the material presented.

Public Relations

Evelyn Pepper, chairman, noted that the committee had assumed, as its major responsibility, the production of a public relations guide. Published in both English and French, this at-

tractive, illustrated 49-page booklet, "represents the clearest interpretation of the need for, and the principles involved in, the establishment of a distinctive public relations program for nursing, as well as the techniques through which such a program can be accomplished." Copies are available at $1.00 each from the CNA office.

In an endeavor to promote an increased public awareness of the multiple aspects of nursing service, a recommendation was approved that the Postmaster General be approached, through a brief, with the request that a special stamp be printed in 1958, its issuance to coincide with the 50th anniversary of the formation of the Canadian Nurses' Association.

An interesting symposium discussion of the many methods nurses should use to "Inform the Nation" revealed that public relations start at the patient's bedside. Prof. Stuart Tweedie, director of adult education at the University of Manitoba, stated that it is not enough to be aware of the traditions and reputation of our profession — positive steps must be taken by every nurse to safeguard them. Since we enjoy the respect of the public to such a considerable degree we must be ready to take the lead in fighting for the improvement of conditions that affect the health and well-being of people. At the same time we must never lose sight of our primary goals — kindliness, charity and human understanding. "Don't let efficiency become officiousness," he said.

Mr. R. S. Malone, vice-president of the *Winnipeg Free Press,* advised us to ask ourselves two questions when working out any new plans in nursing education or nursing service — what will be the effect on our patients? What will the public's reaction be? He suggested that nurses should move quickly to produce the accurate facts whenever the profession suffers from gossip or misinformation. We should never try to hush up criticism but should show what is to be done to correct errors in understanding.

Attentive delegates

General Secretary's Report

M. Pearl Stiver noted that the membership of the CNA, as at December 31, 1955, was 41,208, almost five times as large as it was in 1932 when membership in the CNA was narrowed from provincial alumnae and local associations to the present pattern of provincial association federation.

Last March a brief was submitted to the Royal Commission on the Economic Future of Canada that emphasized the demands of Canadians for "more complete nursing service." Coupled with population increase, this demand should be answered by doubling the current nurse complement by 1980, the brief stated. Wider demands on nurses engaged in occupational health programs were envisaged as the greater industrialization of our country progresses and as more attention is given to the worker's health problems.

The Canadian Nurse Journal

The editor lauded the nurses of the eight provinces who have added to their professional stature by the acceptance of their personal responsibility for their own journal by amending their provincial association membership fees to include the annual subscription to *The Canadian Nurse.* As of June, 1956 the circulation is over 34,000 — an imposing increase of some 600 per cent in 12 years. With this greatly increased, assured circulation, an upward revision has been made in advertising rates. Though the *Journal* will be maintained at its present number of pages for the immediate future, as finances permit a larger and ever more useful periodical is promised.

On behalf of the Editorial Board, Isobel MacLeod, chairman, urged the nurses of Canada to share with others their thinking on professional matters, their new adaptation of old patterns

MRS. TOOHEY *at the booth*

of service and the developments in nursing education. The *Journal* is the logical place for such information to be spread.

Mrs. MacLeod noted that official sanction had been given to the inclusion of the word "Journal" in the name in all respects excepting the title of our periodical.

BARBECUE SUPPER

With the Governments of Manitoba and Saskatchewan as the hosts, the 947 registrants and the numerous exhibitors were entertained at a most delicious meal in the Student Union Building. To those who stood near the end of the lengthy line, waiting to enter the assembly room, it seemed as if there would be an interminable delay. Yet, so efficient was the staff at the serving tables, that the commissionaire on duty at the entrance reported later that everyone had been generously helped to barbecued beef, salad, strawberry shortcake and coffee in 30 minutes and 33 seconds!

A joyous program of music was provided by some of the Winnipeg ethnic groups following the dinner. Several CNA members added to the evening's enjoyment by the uniqueness of their attire!

TUESDAY

FINANCES

The first part of the morning's session was devoted to a consideration of the value received from the $2.00 per member affiliation fees received by the CNA. The income for the biennium was $133,612. Trenna Hunter, Finance Committee chairman, used large graphs to demonstrate the apportionment of this sum to direct and indirect expense and compared those figures with the budget for the next biennium.

Miss Stiver, as treasurer of the CNA, noted that provision is made in the Association Bylaws for associate members. They may attend conventions but may not act as voting delegates from their provincial association.

LEGISLATION AND BYLAWS

The effectiveness of the sweeping changes made in the structure of the associations laws in 1954 was indicated by the very modest list of adjustments that Helen Carpenter had to present on behalf of her committee. Each item received unanimous approval. Included were: The deletion of "publicity" from the title of the Committee on Public Relations; full membership on the Executive Committee of the CNA for the chairman of the Editorial Board of *The Canadian Nurse*. The committee recommended that a study be made of the terms of reference of the Editorial Board since these have not been revised since they were set up in 1944.

Special consideration was given to nurses working in the Yukon territory. Since they, may or may not belong to one of the ten provincial associations, they present a special problem in so far as CNA membership is concerned. It is hoped that eventually their group will be large and interested enough to justify opening the Act of Incorporation to admit them to membership.

$64,000 QUESTION

With Albert Wedgery, R.N., as capable master of ceremonies, a clever and amusing quiz program, a take-off on the television program, provided the members with a painless method of reviewing the set-up of the national association, its history, officers and constitution. Unhappily, the large number of student nurses, who know

all too little about association affairs, were missing from the audience. The quiz would be readily adaptable to a chapter or district meeting and it is to be hoped nurses in many areas will concoct their own questions.

Student Nurses

Each student had been asked to bring her uniform for the special session arranged for students only. What a picture they made in their pink or blue or all white uniforms. The rapt attention given to the four student speakers on the panel, whose skill in answering questions was noteworthy, promises well for the future of our

At the students' sessions

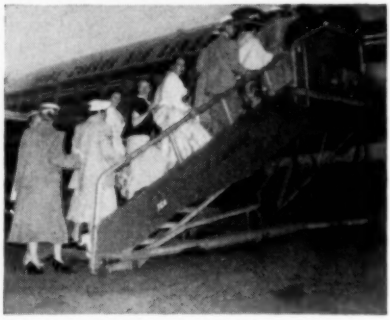
profession. Buzz sessions viewed quite weighty questions in objective fashion. The excellent report, drawn up for presentation to the CNA on Friday afternoon, appears in this issue.

On Your Own

Tuesday afternoon was play time. Despite occasional showers it was a good day for fun. A large number went on the five-hour historical sites tour winding up for tea at Lower Fort Garry, the only one of the old landmarks that is still in its original state — dungeon and all.

A larger group went boating. Winnipeg is situated at the junction of the Red and Assiniboine Rivers. As such it is becoming quite boating conscious. The Manitoba Yacht Club is very proud of its new 440-foot dock and club house at Middlechurch. Mr. Gilbert Eaton, president of the club, generously arranged for a mammoth flotilla of little boats and big, white and brown. In these, 160 nurses, obedient to the injunction "No high heels," enjoyed box lunches or hot dogs and soft drinks as they admired the beautiful green shores and raved over the long-lingering prairie sunset.

Many nurses went for their first airplane ride when, through courtesy



Boarding the "Viscount"

of T.C.A., half-hour flights over Winnipeg in the luxurious Viscounts were provided in the early evening.

A special dinner party at the home of Mrs. J. E. Wilson, chairman of the Arrangements Committee, away out on the shores of Lake Winnipeg, was thoroughly enjoyed by the members

In a frivolous mood

of the CNA Executive Committee as guests of the two hostess associations.

A feature of the evening was an entertaining variety show on Rainbow stage at Kildonan Park, arranged especially for the Canadian Nurses' Association. As well as presenting musical numbers, some members of the Royal Winnipeg Ballet danced.

WEDNESDAY

Dramatization

Emphasizing the over-all theme of

A simulated staff conference

the convention — Nursing Serves the Nation — the morning session consisted of a dramatic presentation "Toward Better Nursing." Lillian Campion, nursing service secretary of the CNA, had evolved an interesting script depicting a staff conference discussion of the Head Nurse Study. Emphasis was placed on the importance of the head nurse's role in improving the quality of patient care. Relieving the head nurse of non-nursing duties, better preparation for her administrative functions, orientation and in-service education programs and closer cooperation with community nursing services were suggested as essential steps toward reaching this goal of improved patient care.

The caste of Montreal nurses are to be congratulated on their realistic presentation. This dramatization would make a stimulating addition to a provincial annual meeting. Copies of the script may be secured by writing to Miss Campion at the CNA office in Ottawa.

Nursing Serving Committee

Alice Girard, chairman of our national committee, reported that careful consideration had been given to the preparation of a Canadian Code of Ethics. With one relatively minor change, the Code that had been approved by the International Council of Nurses in 1953 was accepted as the Canadian Code. It was proposed that it should be printed on pocket-size cards for distribution to the membership.

An Orientation Manual has been printed in both English and French and is available from National Office at 25 cents a copy.

Bringing in community workers

A "Statement of Policies regarding Nursing Service" was presented for approval. It will shortly be available in printed form. The most urgent need, now, is for research into the development of some measuring stick for estimating nursing staff requirements. The ultimate aim of the research would be to provide all agencies employing nurses with a guide for estimating their staffing needs.

Nursing Research

Miss Margaret Arnstein, chief of the Division of Nursing Resources, U.S. Public Health Services, was guest speaker at the afternoon session. Her address will be printed in full in an

Margaret G. Arnstein

early issue of the *Journal*. Speaking on the topic of improving nursing service with or without studies, Miss Arnstein noted that many hospitals had found that the answer to the shortage of nurses was better utilization of available personnel. She discussed several studies that are currently being made in the United States. "Research is not new in nursing, Florence Nightingale made careful studies . . . a hundred years ago . . . May her research lamp, as well as her lamp of comfort, continue to inspire us in the years ahead."

The Bifocal Approach

The executive assistant to the deputy minister for welfare in our national health set-up, Dr. Adelaide Sinclair, was the guest speaker on Wednesday evening. She compared our approach

(Bradford Brachrach, Ottawa)

Dr. Adelaide Sinclair

to health problems with the ranges of vision of a person wearing bifocal glasses. Looking through the lower segment we are confronted with a mass of details that sometimes blinds us to the broad approach. We need to look through the upper part now and then to see the far horizons. "Our complex society has created problems of stress and strain. The public is asking more of nurses and other professional groups in meeting those problems." There are many encouraging features. Today there is less apathy and resignation and more knowledge. Those who need help are more willing to receive it. Many new avenues of help are now available — family allowances, old age security, and so on.

THURSDAY

Nursing Education

In the absence of Evelyn Mallory, committee chairman, her report was read by Frances McQuarrie, CNA nursing education secretary. The work of the master committee was augmented during the biennium by several "task committees" who studied such assignments as: Nursing personnel for the care of the mentally ill; acceptable basic minimum requirements for registration; measures designed to improve the quality of nursing education, with special study of the development of a program for the evaluation and accreditation of schools of nursing.

Psychiatric Nursing

The question put to the special committee considering this topic was — how can nurses whose preparation has been confined to the care of psychiatric patients be helped to meet the broader "Registered Nurse" requirements. After much consideration the committee came to the conclusion that the best solution lies in the organization of a broad program — a combined course — that would fit the student for both psychiatric and general nursing. Though several different arrangements of time were plotted the consensus favored a four-year program. Since course content for schools of nursing is a provincial responsibility, details relating to curricula could not be specifically stated nationally. Though considerable effort has been put into the project, it is still in the exploratory stage.

Registered Nurses

Though the committee was asked to propose acceptable basic minimum requirements relative to registration so that reciprocal registration between Canadian provinces might be facilitated little progress has been made to date.

Registration examinations utilizing the Test Pool Service of the (American) National League for Nursing have replaced locally prepared papers in five provinces — Alberta, British Columbia, Manitoba, Nova Scotia and Saskatchewan. Its use is currently being considered in some other provinces.

Nursing Assistants

Frequent adaptations and adjustments have become necessary in connection with the curriculum approved for this ancillary group in 1952. In order to have a clear picture of the needed revisions, a proposal was approved to make a study of the functions of nursing assistants. Following this study, it is planned "to review the curriculum for nursing assistants with a view to developing a program for this worker in conjunction with the curriculum for the basic nursing students." The latter study has been assigned to the respective provincial nursing education committees, paralleling their revisions of curricula for schools of nursing. It was pointed out that with nursing assistants becoming increasingly active as members of the nursing team, student nurses should be given a better understanding of their professional responsibility to and for the auxiliary group.

Accreditation

This phase of planning received very careful consideration by the convention body. Following the presentation of the facts relating to evaluation and accreditation by to panel of experts, very ably chaired by Dr. Rae Chittick, thoughtful questions poured in. Interest was so keen that time had to be allocated for the experts to return to the platform later in the day to answer more questions. As will be noted in the record of approved resolution included near the end of this report, the voting delegates sanctioned a pilot study over the next two years and, when funds are available, evaluating schools in as many regions as possible, using the techniques and facilities of the National League for Nursing to develop our own procedures and criteria.

Sister Denise Lefebvre was recognized as the best informed Canadian on every aspect of evaluation and accreditation.

Mildred E. Schwier

Creative Nursing

An active contributor in the panel discussion and guest speaker during the afternoon session was Miss Mildred Schwier, director of the Diploma and Associate Degree Programs for the National League for Nursing. Her paper, too, will be published in an early issue of the *Journal*. Miss Schwier questioned whether hospital boards, doctors, even nurses themselves are prepared to accept fundamental changes in nursing education. She pointed out that the quality of education given students today controls the kind of care patients will receive tomorrow. "Will future students be bored automations or creative nurses?" "How can the student nurse assigned six or seven patients to be washed, fed, dressed, medicated, ambulated and recreated find time to be a student?" she asked.

Fashion Review

Thursday had been a "heavy" day as convention days go so the members turned with enthusiasm to the relaxation offered by the women of Dugald, Man. Organized originally to entertain visiting Women's Institutes, these ambitious ladies have assembled some 100 outfits of clothes and accessories. They depict fashions for women and children

from 1850 to fairly recent times. The star of the show was Mrs. F. Van Slyak. The running commentary was vastly amusing. Sorry you weren't there to see the show!

FRIDAY

World Health

Canadian nurses were justifiably proud of the fact that Dorothy M. Percy, chief nursing consultant, Department of National Health and Welfare, was a member of the Canadian delegation to the Technical Discussions on Nursing which took place at the Ninth General Assembly of the World Health Organization. Miss Percy's address entitled "Signpost at Geneva" will be published in full next month. She noted that "everyone present felt this to be an historic occasion, marking as it did the first time that nurses, doctors and health administrators, on a world scale, had sat down together to consider some facets of the complex problems of nursing."

Civil Defence

Following the intermission, the final panel group was assembled to point up some new approaches to civil defence. Chaired by Evelyn Pepper, three speakers gave a comprehensive if somewhat disturbing picture of the problems differing ideologies have created in our world today. Dr. F. W. Kern, director of Religious Affairs in the American Civil Defence program stated that the church has more at stake, humanly speaking, in the conflict between communism and democracy than any other organization for its very life is in the balance. There is no free church in communist dominated countries. Without freedom, the church is hindered if not prevented from performing its mission of preaching salvation.

On the other hand, the church has the greatest possible contribution to make to the outcome. It has been said that spiritual conflict is the primary basis of the world-wide unrest. If this be so, then the church must be the source of our strength.

Helen G. McArthur

Closing Address

Helen G. McArthur chose as the title of her inspiring address "And the World Too." During her period of service in Korea with the International Red Cross, Miss McArthur witnessed a practical demonstration of how the work of nurses transcends lines of race, color and creed. To the nurses from many lands who were assisting in the post-war efforts to build up the health of this sturdy people, Korean nurses demonstrated courage and fortitude in the face of overwhelming difficulties. They proved that good nursing does not depend upon "plumbing, electric lights, Gatch beds or complicated equipment."

"It seems to me the means whereby nursing serves the world is very much the same as the old-fashioned quilting bee. Individuals pool their time and materials, working together, each taking responsibility for the worth of their own section but recognizing the over-all pattern and the necessity of maintaining a standard of workmanship; frequently exchanging ideas and colors so that the finished product is beautiful to see and a comfort to the recipient. Then, too, there are so many side products of the quilting bee: friendship, understanding and true charity.

Miss McArthur's address is published in this issue. Several members expressed their regret that the actual

speech had not been recorded so that the thousands of Canadian nurses who were unable to be present might have shared in the listening.

Elections

Chairman of Scrutineers, Clara R. Aitkenhead announced the results of the voting. The following is the slate of officers for the 1956-58 biennium: President, Trenna G. Hunter, Vancouver, B.C.; First Vice-President, Alice Girard, Montreal, Que.; Second Vice-President, Helen M. Carpenter, Toronto, Ont.; Third Vice-president, E. A. Electa MacLennan, Halifax, N.S. Nursing Sisterhoods: Maritimes, Sister Helen Marie, Saint John, N.B.; Quebec, Sister Mary Felicitas, Montreal; Ontario, Sister Mary Frances de Sales, Toronto; Western Canada, Sister Mary Laurentia, Moose Jaw, Sask. This widely dispersed group is truly representative of Canadian nursing leadership.

The three tenses

Resolutions

Frequently the duties of a Resolutions Committee are more or less perfunctory. This convention was an exception. In addition to the courtesy resolution that expressed appreciation to an impressive list, the following resolutions were adopted:

Resolved, That the Executive Committee of the Canadian Nurses' Association be asked to give consideration to the publication of an annual brochure which would contain current factual information about the profession of nursing in Canada.

* * *

WHEREAS, There is no pledge officially accepted by the Canadian Nurses' Association for new practitioners, upon their acceptance into the profession of nursing, therefore be it

Resolved, That the Executive Committee of the Canadian Nurses' Association be asked to give consideration to the wording of such a pledge which could be taken by nurses upon graduation.

* * *

WHEREAS, The Canadian Nurses' Association is a bilingual organization and

WHEREAS, The Executive Committee has unanimously agreed that the name on the crest be in both the French and English languages, therefore be it

Resolved, That the name of the Canadian Nurses' Association should appear in both languages on whichever one of of the five models is chosen.

* * *

WHEREAS, It is the responsibility of any profession to evaluate its own program of education, and

WHEREAS, A program of accreditation will benefit the health and welfare of the people of Canada by providing more effective nursing service through improving preparation for that service, and

WHEREAS, The principle of accreditation has been approved by the Canadian Nurses' Association, therefore be it

Resolved, That the Canadian Nurses' Association undertake without delay steps leading toward a program for the accreditation of schools of nursing, and

That the first step be, when funds are available, to conduct a pilot study involving schools in as many regions as possible.

* * *

WHEREAS, Over a period of twenty years the National League for Nursing has developed techniques and facilities for accrediting schools of nursing in the United States, therefore be it

Resolved, That, in order to develop procedures and criteria for accreditation, the Canadian Nurses' Association request the assistance of the National

At the reception

League for Nursing in conducting the pilot study.

* * *

WHEREAS, It is apparent that financial support for a pilot project of accreditation must be secured from various sources, therefore be it

Resolved, That the Executive Committee be instructed to explore all avenues of possible support, including that which may be secured through Foundations.

Snively Memorial Lecture

Her delightful sense of humor, her keen appreciation of public affairs and her tremendous interest in people, including nurses, made Byrne Hope Sanders a splendid choice to deliver the Mary Agnes Snively Memorial Address. Its early publication is anticipated with great pleasure.

Closing

Gladys Sharpe, retiring president of the CNA, conducted the simple yet impressive installation ceremonies, welcoming first the vice-presidents then the new president to their respective office. As she received the gavel, symbolic of the presidency of our association, Trenna Hunter pledged her best efforts to uphold the traditions of the association and to give unstingtingly of her time and energy in promoting the welfare of the nurses of Canada. Her theme for the biennium was cast in the following words: "Into The Future, Open a Better Way."

It took over an hour and a half for the large assembly to pass along the receiving line at the reception sponsored by the six alumnae associations of the Winnipeg area.

Au Revoir

There was a note of sadness in the farewells that were heard on every side. For a week nearly 1400 nurses had roamed the corridors of the University of Manitoba buildings. The weather had been cool enough to keep the auditorium comfortable.

Now the convention was over. It had been a good one, with interest high throughout. The program had been attuned to the needs and interests of the average nurse with sufficiently varied topics to meet the demands of the most querulous. In fact, the only serious criticism heard throughout was that the variety was too great to permit full absorption of even a single aspect. Perhaps more time for greater audience participation can be a goal for the next convention. Actually, it is a very healthy sign of professional maturity that so many wished that they had had more time to digest all of the information they had received before the program shifted to another topic.

The crowds that had thronged the exhibitors' hall found it quite a problem to stow away all of the samples they had obtained as they began to pack for the homeward trip. Some were already deep in plans for the trip to Rome in 1957 to attend the Congress of the International Council of Nurses. Most were ready to begin saving again so that they might be able to attend the next biennial meeting in Ottawa in 1958. There was a realization that that will be a very special occasion as the 50th anniversary of the founding of the Canadian Nurses' Association is celebrated.

The first nursing act in Canada was assented to in Nova Scotia on April 22, 1910. Manitoba's was passed on February 15, 1913, Alberta's on April 19, 1916 and New Brunswick's on April 29, 1916. The most recent, Newfoundland's, was passed on May 20, 1953.

Saskachewan's Expanding Health Services

Hon. T. J. Bentley

Introduction

All through Canada, there has been tremendous expansion of *organized* health services in the post-war decade. Partly this has come about because the war shocked us into a realization that we Canadians, living in one of the wealthier countries of the world, were not nearly as healthy as we should be. Partly, too, public opinion has demanded higher expenditures on health services because our collective conscience is more sensitive — we are no longer complacent over poverty, ill-health, and inequality of opportunity around us.

We have come so far and so fast in the last 10 years that it becomes most necessary for us to look back and see what has been accomplished. In this way, we obtain a clearer idea of our goals for the future, and how we should go about achieving these goals.

Nurses are involved in every aspect of health services. I propose, then, to touch on health service highlights which may be broadly defined in four categories: community preventive services, mental health services, medical care and hospital services, and what we are accomplishing in education and research.

These efforts are all related, and running through many of them is the thread of physical and mental restoration and rehabilitation, representing perhaps the most important challenge of all to health workers.

Community Preventive Services

Our main public health task in Saskatchewan has been to develop new forms in organization which will make it possible, in a democratic way, for people to obtain the full-time services of medical health officers, public health nurses, psychologists, nutritionists, sanitation counsellors, health educators, and other specialists in prevention.

We are doing this by organizing health regions. Local people cooperate financially and otherwise with the provincial Department of Public Health to set up an organization so that they can provide services, collectively, which would be unobtainable for individual towns, villages, and municipalities.

The advantages of regional organization of health services has been demonstrated on several occasions. In organized areas we have been much better able to launch effective immunization programs. This has been particularly true with respect to the Salk vaccine which, in 1955, we gave to the 4, 5, and 6-year olds as well as to pregnant women. This year all children up to age 10 will be included. In Saskatchewan the vaccine is distributed without charge by public health authorities and is given by public health nurses.

There is real promise that we shall soon bring rheumatic fever under control and even eliminate the disease as one of the important causes of heart damage. A successful prophylactic program is underway in Moose Jaw health region. There has been remarkable cooperation between the public health authorities and the local doctors. Penicillin is supplied free by the provincial health department and is given as medically required, in some instances to hold infection under control and, in other instances, to forestall complications after attacks of rheumatic fever.

There is clear evidence that infectious hepatitis is increasing in incidence throughout North America.

Minister of Public Health for Saskatchewan, Mr. Bentley delivered this key-note address at the opening session of the 28th Biennial Meeting of the Canadian Nurses' Association.

Again, we have taken steps in an organized way to combat this disease, by making gamma globulin available without charge as medically required.

While we concern ourselves with these relatively new disease entities, we must not forget the unfinished business in continued control of those communicable diseases that have caused us so much trouble in the past. Diphtheria is not yet completely wiped out. In Saskatchewan there have been several recent cases among Indians, and some deaths. Nurses need not be reminded of the need for continued programs of immunization.

Tuberculosis is still declining and in Saskatchewan in recent years we have moved so far ahead in control that we even talk of virtual eradication. For 27 years, treatment in sanatoria has been free for all residents and for almost 20 years we have had enough sanatorium beds to ensure prompt segregation and adequate care for all infectious cases. During the last three years we have also achieved a level of sanatorium beds adequate for the Indian population. Now we can look forward to a reduction of disease and deaths among those peoples, as remarkable as we have experienced for the non-Indian population. In 1955 Saskatchewan recorded the lowest general tuberculosis death rate of any province in Canada — under 4 per 100,000.

Much remains to be done in our rural and small-town areas in environmental sanitation. Significant progress has been made recently, however, to improve housing sanitation. It is now possible for public authorities to take appropriate steps leading to the correction of substandard dwellings. As the province becomes industrialized we foresee new problems in industrial hygiene. Last year Saskatchewan was quite active in efforts to correct problems of stream pollution created by the discharge of petrochemical wastes into the North Saskatchewan River at Edmonton.

At the moment Saskatchewan is placing more emphasis than usual upon accident prevention. Specifically, we, in the health department, are directing attention to accident hazards in the home, including accidents to young children. Among those past infancy and up to 35 years of age accidental mishaps are the chief cause of death.

The chief cause of death among infants is prematurity. Almost every hospital in Saskatchewan has been supplied with incubators. An active educational program on how to handle the prematurely-born infant is now being carried on among doctors and nurses, and special emphasis is being placed upon the proper use of oxygen to prevent blindness.

Many other causes of death, injury, sickness, and poor health among our children are preventable if knowledge of the nature of prevention is better understood and applied. We seem never to have quite enough public health nurses, whose work is basic in fostering preventive public health in the community. But the number of such nurses is growing, and the number with specialized and advanced training is also improving. We now offer postgraduate training in public health nursing at the University of Saskatchewan. Allied services by nutritionists and teacher psychologists are being expanded. We expect a great deal in the future from dental hygienists, and we are each year training several of these young women to carry out topical fluoride application procedures among children where community water fluoridation programs are not possible.

Mental Health Services

For many years the outlook for progress among the hospitalized mentally ill has remained one of the most discouraging problems facing health workers. Now we can report real progress. In Saskatchewan — and this may well be true elsewhere — four out of every five patients recently admitted can, within a few weeks or months, be returned to their homes in an improved condition. Hospital admissions continue high, but the overall hospital population is not increasing. Several scores of other patients, confined for years to certain wards and forgotten by the public, are now being rehabilitated to the point where they are able to take care of themselves and to take an interest in the world around them. The new tranquillizing drugs are important. More hos-

pital doors are being left unlocked. People in the community are losing their old fears and misconceptions about mental illness and about those who are mentally ill. Nursing and attendant staffs of mental hospitals are now better trained. They participate in treatment procedures with greater understanding and insight.

What has happened in the last 10 years is indeed heartening. We are curing far more patients than formerly, and slowly but surely our mental institutions are becoming imbued with a sense of hope and positive achievement.

A great many people could be helped with skilled psychiatric services if these services were available close to their homes. The Saskatchewan health department has been attempting to meet this need, and we now have three full-time well-staffed mental health clinics in our three largest cities, as well as part-time clinics in the smaller cities.

There is so much more to do, however. Overcrowding is a continuing problem and, without proper facilities, the tasks of treatment and rehabilitation are made more difficult.

Associated with the mental hospitals are the institutions for the care and training of those persons whose mental deficiency is such that they become serious problems in the community. We are quite proud of the new training school we opened near Moose Jaw last year. It is the finest institution for the mentally retarded in Canada.

As with the mentally ill more needs to be done in the community for mentally deficient persons whose condition does not warrant institutional care. There is considerable demand for more special schools and classrooms.

Before us is a tremendous opportunity for research into the nature of mental disorder. I have been most happy with the important investigations that have been going forward in Saskatchewan into the nature of schizophrenia. We know now that there are social factors operating in causation, and studies by our research teams suggest there are possible organic factors as well. If a definite causative agent can be found, we will have taken the first step in developing a curative or arresting agent.

Medical Care and Hospital Services

For a number of reasons, which are social, geographic, and economic, the province of Saskatchewan has long been a crucible where new ideas in improving the supply and quality of medical and hospital care schemes have been worked out. Municipalities have been pooling their resources since 1916 to build what we call union hospitals. Municipal prepaid medical and tax-supported care plans have been in operation for 35 years and even today, notwithstanding improved roads, the automobile, and the liking of people for big-city care, a surprising number of Saskatchewan's population — about 175,000 persons — continue to be served by their municipal doctors. These doctors serve on salary or on a modified arrangement. The municipal plans have been a most important factor in retaining the services of doctors in rural, sparsely settled communities.

The supply of doctors in Saskatchewan is not as high as in some provinces, but the number of new registrants each year compares quite favorably with other parts of Canada. The proportion of doctors who are trained specialists has, in particular, shown the most notable improvement.

The province has long been prepayment-conscious and along with the municipal doctor plans we now have prepayment plans on a voluntary basis covering perhaps another 150,000 people. The experiment in regionwide medical care prepayment, which we call the Swift Current Regional Medical Care Program, is now in its eleventh year and includes still another 50,000 persons. This tax-supported scheme has had some interesting effects beyond the removal of financial worry for payment of unexpected medical bills. The number of doctors serving the area has almost doubled. They are well paid for their services. They make much more extensive use of radiological and other diagnostic services than rural doctors elsewhere. I believe it accurate to say, also, that their interest in preventive medical care services is greater as a result of the program.

Most provinces now have organized programs of medical care for those,

like pensioners and the indigent, who receive public assistance. Our program has been in operation since 1945 and remains, I believe, the most comprehensive on the continent. We have no "class" medicine for the poor. For a cost of about $100 a person a year to the health department, including hospitalization, these people are assured of receiving every type of medical care helpful for the restoration to health and useful lives. Other groups I should mention as eligible to receive complete treatment services without charge to themselves are cancer patients and those with post-acute paralytic poliomyelitis.

The Saskatchewan Hospital Services Plan may be familiar to you. About one person in five is now admitted to hospital every year. Admissions are free and unrestricted for all medically required hospitalization. Right now we are moving into the field of out-patient services on a similar prepaid basis. Included in the Plan's benefits this year is the free examination of out-patient tissues by hospital laboratories. As health insurance across Canada develops into a reality there is no doubt that out-patient coverage will be greatly extended.

I believe we have enough hospital beds in Saskatchewan. The level is about 50 per cent higher than the national average. The quality of hospital accommodation has been inproving steadily. My department has been making construction grants available since 1945. These, along with federal grants, have helped make possible the building of many small and medium-size hospitals in communities that ordinarily could never have afforded such facilities. In a province with such a scattered population and long distances these smaller hospitals will continue to play a vital role. At the same time important progress has been made in developing large hospitals, offering of specialized facilities and services. The 525-bed University Hospital, Saskatoon, was opened in 1955 — our golden jubilee year — and is already acquiring some reputation as a centre for bed care, teaching, rehabilitation, and research.

What we are evolving in Saskatchewan is what I might call an integrated and coordinated hospital system, in which hospitals, with regard to design and location, are of a size and function to best serve their particular communities. In this way we are placing emphasis upon improving quality while still keeping costs within limits that we can afford. Some smaller hospitals are getting together voluntarily in organizations called regional hospital councils, to pool buying of many commodities, and to obtain, for joint use, the services of administrative coordinators, pharmacists, medical social workers, and the like.

I should mention, too, the many other activities related to improvement in the quality of hospital services. The Air Ambulance Service now 10 years old, promotes regionalization. Medical audits have been instituted. We are making a study of the most effective methods of restricting elective surgery to those hospitals with adequate staff and equipment. There is work being accomplished — although it is only a beginning — by committees on how to improve standards on the use of drugs, and how to improve technical services in hospitals. Much remains to be done in bringing public health and hospital service closer together. We have made sure starts on the problem of the aged and the chronically ill in hospitals. The problem, as you know, encompasses such fields as medical social service, home care, nursing homes and homes for the aged, geriatric departments, and expanded rehabilitation services including physiotherapy.

Education and Research

A noteworthy feature of modern medical and hospital care is the complexity of the organization required to make this care available where and when it is required. As a result, we need more trained people and, equally important, we need people trained in such a way that they see their special duties in a larger context of keeping people well and active.

I have mentioned some phases of the education and research programs underway in Saskatchewan. We now have one of the finest medical schools in Canada. We have a pharmacy school, and have given a great deal of thought to developing a dental school.

Continuing education is an absolute requirement for the modern physician as well as the nurse. We have been helping medical practitioners a good deal, recently, with numerous institutes in obstetrics, pediatrics, rehabilitation, cancer, and general practice.

The Centralized Training Program for nursing students is now beyond the experimental stage and we have made it an integral part of our provincial program, under the auspices of the University of Saskatchewan.

Conclusion

These are some of the highlights of the organized health services in Saskatchewan. Our needs, in relation to our resources to meet them, are under constant study by the Department of Public Health and the Health Services Planning Commission, which represents the S.R.N.A. and other professional and public bodies in the province, to advise the Minister. The trend is clearly toward making more and better health services continuously available to people, through group efforts.

This is a trend we see going on everywhere in the world, and the developments in Saskatchewan are quite an accurate reflection of Canadian and world trends. The effect of this trend is to reduce the gaps between scientific knowledge and its application in everyday life. We may never achieve that goal completely, but constantly we must strive for it.

And the World Too

Helen G. McArthur, M.A.

In the world of today it is possible, as never before, to hear the voices of men call out from around the globe. Even if one does not listen carefully, it is not difficult to recognize the common cry, "Peace in our time." Modern communication forces us to hear the plea from the far corners of the globe. The plea is for freedom: freedom from war, freedom from civil commotion; freedom from quarrels and dissention between individuals; freedom from starvation and disease. The call for peace demands a time of tranquility in order that the right to an existence, worthy of a human being, may be achieved for every individual. Does nursing serve this world?

Through more than half a century nurses have built up an enviable spirit of international cooperation. They have been organized, internationally, longer than any other professional association of women. Miss Daisy Bridges, Executive Secretary of the International Council of Nurses, has written:

> The International Council of Nurses, founded in 1899, has built up bonds of friendship and fellowship among the nurses of the world which no wars or rumors can possibly sever.

Nurses have built up a strong international organizational structure, an instrument whereby action and interaction can take place on behalf of the health of the peoples of the world and a demonstration that international solidarity can be achieved by individuals with humanitarian motives. What is it that has enabled the nursing profession to achieve this record when, on every hand, we see so little progress by those who function in the arena of international diplomacy? To protect myself from the accusation of undue prejudice I would quote Prof. F. N. Salter, speaking at the 1954 Biennial Meeting of the Canadian Nurses' Association:

> What is it that has enabled the nursing profession, in one brief century, to achieve so dazzling, so tremendous, and so inspiring a record? Nothing but the most commonplace, natural and human

Miss McArthur had a most stimulating eighteen months in Korea with the International Red Cross. Returned now to her post as Director of Nursing Service with the Canadian Red Cross Society, Miss McArthur gave the closing address at the recent CNA Convention.

> of all things — love. The nurse does not ask what character the patient may be: he may be utterly depraved and wicked — or he may be saintly, wise and brilliant; but the nurse is neither his maker, nor his judge. His skin may be red or white or yellow or black. He may be Jewish, Christian, Mohammedan, Buddhist, or atheist. The nurse does not concern herself with these impertinences; the patient needs her ministrations and the patient receives them— generously, and in full measure. Nursing, in short, is practical democracy; it is democracy in action; it is a living example of that ancient gospel: Love thy neighbor as thyself.

The nurses of the world have taken this personal philosophy beyond the bonds of home, community and nations, beyond the frustrations of language and the conflicts of political ideologies and made it work in the international scene. It was my privilege to witness the true significance of the international implications of nursing during my period of service in Korea. Until recent years, this little known country has sought safety in isolation, developing unique customs and a distinctive way of life. This independence was shattered about the end of the nineteenth century by violent occupations followed by the recent devastating war. Korea, thrust into a position of international significance, became the stage on which was played a mighty demonstration of international action for a free world.

I could actually see with my own eyes, no abstract philosophy of hope but the reality of nations of the world at work together, through military aid and civil assistance. There were members of the Armed Forces from the United States, Turkey, the Commonwealth, Ethiopia, France, Greece, for example, not long ago having fought together, now living together, planning and training together, alongside the Koreans, all with the common purpose — the protection of the free world.

There was an impressive band of civilians, under the United Nations Command, at hand to aid in the reconstruction of Korea following the devastation of a United Nations war. Throughout the land, it was possible to see the components of health teams from as many countries as there were individuals, with Korean counterparts, planning and working together for the benefit of the health of the nation. The Canadians were few but mighty: Mr. George Hall, the Assistant Agent General of United Nations Korean Reconstruction Agency; King Gordon, Public Relations Director for the United Nations; Ken Marshall, Secretary of the Korean Association of Voluntary Agencies, the only staff member coordinating about 50 voluntary agencies from around the world, and Dr. Richard Brown, Chief of Preventive Medicine for the Korean Civil Assistance Command, to name a few. Then, too, numerous missionaries with a long and respected history of bringing succor and faith to the people of this land were working together with a new spirit of internationalism.

No finer example of international cooperation and action could be found than that demonstrated by the nurses. I was never prouder of my profession than when I attended my first meeting of what was called the United Nations Nurses' Association in Korea. Usually, about 50 nurses managed to gather from the four corners of South Korea, travelling by crowded train, military plane, army jeep or truck, to share their experiences and resources for the benefit of Korean nursing. They were joined by gallant Korean nurses, who were struggling to raise the status of nursing in a situation where the standards of nursing care and nursing education are in a very early stage of development; where doctors outnumber nurses 3 to 1; where hundreds of nurses were killed or kidnapped in the war, leaving a total of just over 2,000 nurses, scarcely 1 — 10,000 people (shortage of nurses indeed!).

The Korean nurses eagerly grasped the opportunity to discuss their problems with these outsiders: military nurses from the United States and the Commonwealth; Red Cross nurses sent by their respective governments of Sweden, Italy, Germany and Switzerland, or by the Red Cross societies of Britain, Belgium and Canada; Danish nurses who stayed ashore from the hospital ship "Jutlandia" after hostilities, to help in the reconstruction of health services, alongside United Nations nurses from Sweden, Norway,

the Netherlands, United States of America and others under the leadership of Miss Susan Haines of Australia; missionary nurses from many lands and of many faiths, including Canadian nurses who readily served as Korean interpreters because of their long service in Korea, such as Ada Sandell, whose letters may be read in *The Canadian Nurse*, and Beulah Bournes working in Severence Hospital, noted as the first modern school of nursing, opened in Korea by Canadian missionaries a bare half-century ago.

In turn, Korean nurses had much to offer their confreres who came to work with them. They demonstrated courage and fortitude in the face of overpowering odds: that pettiness has no place in the midst of problems of great human suffering; that smiles and songs are mighty weapons against hunger, cold and fatigue; that good nursing does not entirely depend on plumbing, electric lights, Gatch beds or complicated equipment.

At such a time, and in such a situation, it is possible to feel the mighty impact of nursing on the international scene. Though caught in an uneasy world filled with fear of war and international tensions, nurses managed, by their concern for human need, to give a stabilizing influence that brought a ray of hope for the future of mankind.

Do I hear you say, "That's all very well for the few nurses who are given the opportunity to work in other lands and participate in these fascinating international operations. But how can I serve the world when I'm tied to this patient, this hospital or this community?" This international experience away from my own country has only served to convince me that the greatest contribution any one nurse can make, within the limits of her knowledge, preparation and resources is in her own local situation; to serve her patient, her hospital or her community at home in such a way that it will stand as a shining example of good nursing and be so good that the example cannot be ignored but will be shouted from the hilltops and so resound around the world. Nursing care must be so good that others will want to copy the pattern as it can be fitted to the cloth in their situation.

Such a contribution has a value above all others and the effect is twofold. The contribution of the one nurse assures the best service at home and at the same time, when copied abroad, becomes the contribution of many, all content because the garment fits. There is no need to worry about language barriers, differences in cultural patterns, for each may copy and adapt according to the needs and resources of their own country. From the basic example may come an infinite variety of good nursing care having all that we admire in the beauty of a mosaic.

Canadian nurses should be particularly fitted for this type of international contribution. Did not the early pioneers of Canada create the patchwork quilt? It seems to me the means whereby nursing serves the world is very much the same as the old-fashioned quilting bee. Individuals pool their time and materials, work together, each taking responsibility for the worth of her own section, but recognizing the over-all pattern and the necessity of maintaining a standard of workmanship; frequently exchanging ideas and colors so that the finished product is beautiful to see and a comfort to the recipient. Then, too, there are so many side-products of the quilting bee: friendship, understanding and true charity.

I would be the last to belittle the need for well prepared, experienced nurses to offer their services to international agencies such as the World Health Organization or the Colombo Plan. Canadian nurses can take great pride in the fact that the Chief Nurse with the World Health Organization, Miss Lyle Creelman, is a Canadian and that many Canadian nurses are serving in far-flung lands. We know that Miss Creelman is always searching for more nurses, with special preparation in teaching and public health particularly; with additional languages, hopefully. But I emphasize again that their contribution is only fruitful when backed by the best there is in nursing at home. *The Canadian Nurse* is frequently the best example of Canadian nursing foreign service as it tells of good nursing in Canada and is well read by nurses abroad.

However, the International Council

of Nurses provides the major body through which we may all contribute. Will international nursing be as strong, as frugal and as wise in the future as in the past? Will the result bring comfort and happiness to the people of the world? The answers to these questions depend on the individual nurse. May the Canadian patches of service bring honor to this nation and fulfil the purpose of the International Council of Nurses as enunciated in the Preamble to the Constitution and By-Laws,

> We, nurses, representing various nations of the world, sincerely believing that the profession of nursing will be advanced by greater unity of thought, sympathy and purpose, do hereby unite in a federation of national associations of nurses. Such national associations shall be non-political, shall embrace all religious faith, and shall work together for the purpose of nursing care of the sick, advancing the professional and economic welfare of nurses and enhancing the honor of the nursing profession.

Thus, as Canadian nursing serves our nation, and the world too, may it become an example so challenging that it will be emulated and provide and effective answer to the cry — "Peace in our Time."

Student Day Activities

EDYTHE WILDFANG

TUESDAY, JUNE 26, was Students' Day at the Convention. The Day commenced at 9:00 a.m. in the Arts Building when students were welcomed by Miss Sheila Nixon on behalf of the national association, and by the author on behalf of the students of Saskatchewan and Manitoba.

The students were in uniform for the morning session. There was great interest displayed in the various uniforms, caps, shoes and stockings and pins. The uniforms seemed to create a bond of friendship immediately.

The opening session was in the form of a panel presentation — the topic being "What the Future Holds." This was a fitting topic since the theme of the convention was "Nursing serves the Nation." The nursing students of today will be the nurses of the future. Our pledge of rendering service means that it must be available to the rich and the poor; the city dweller, the mine worker, and the farmer; in hospitals and at home; in industries and in schools. Since nursing service, then, must be given in such a variety of places and situations, and so many types of service are needed, it seems wise that, when nursing students have graduated, they should further prepare themselves to function more adequately in the situation in which they feel they can serve best. This is the justification for providing special courses for graduate nurses in universities and hospitals.

The students on the panel were: Margaret Drew, Toronto General Hospital, who spoke to us about courses in public health nursing; Georgina Savage, Saskatoon City Hospital, who told us about courses in teaching and supervision in schools of nursing; Fay McDowell, Royal Victoria Hospital, Montreal who described courses in obstetric and pediatric nursing; Alma Hammer, Vancouver General Hospital, whose topics included Psychiatric and Tuberculosis Nursing, and also operating room technique. Each of them gave us specific information as to where the courses are available, qualifications necessary, the cost and length of the courses, and positions available after completion of these studies.

A question period followed the panel presentation. This was a very lively session. The students displayed extreme interest in the information that had been presented. They participated actively by asking questions and by giving information about their own hospitals. Miss Margaret Hart, director of Nursing Education at the University of Manitoba, was present at

Miss Wildfang is the immediate past president of the Manitoba Student Nurses' Association.

the meeting to answer those questions which the panel members felt they could not answer adequately.

At 11:00 o'clock 10 groups, each made up of 15 to 18 students, convened in separate rooms for "buzz sessions." The buzz session topics were as follows:

State board examinations.
Interest in student activities.
Professional etiquette in hospital.
Block system of lectures.
Psychiatric nursing experience for students.
Student Nurses' Associations, local, provincial.
Student responsibilities on the ward.
Team nursing.
The nursing student receives her cap.
Student government.

The members of each group expressed their opinions with clarity and freedom. It is felt that this sharing of thinking will be of benefit to all.

Following the buzz sessions, buses conveyed the students downtown to the Club Morocco, where a luncheon was served. Members of the CNA Executive Committee were entertained. Grace was said by Mary Betton, from Royal Alexandra Hospital, Edmonton, and a toast to the Queen was proposed by Barbara Brown, from St. John's General Hospital, Newfoundland.

Reports from the buzz sessions were given after the luncheon. They indicated that the thinking of the students is very keen in all aspects of professional nursing activities. Highlights from these reports included the following opinions and feelings:

1. It would be desirable to have a Standard Canadian Curriculum for schools of nursing since the Canadian provinces will probably soon all be using standard written examinations. It would also be desirable for us to have examinations set up by a Canadian Board rather than to use the National League for Nursing Test Pool examinations. The students feel that a Canadian Board would set examination problems that are more applicable to our situation.

2. The "nursing team" method is usable, with modifications, in both large and small institutions. It was felt that this method makes it possible for the nurse to get to know the patients better than with the functional method. The patients would also get to know their nurses better. The opinion was that in team nursing the complete ward staff could be used to the fullest extent.

3. The nurse's cap should be given *at the end of the preclinical period.* It signifies official acceptance into the school of nursing and gives the student a feeling of security. It also gives the feeling of finally having been given responsibility in her chosen profession. A national cap is not desirable.

4. The opinion as to when psychiatric nursing experience should be given was divided. Some of the members felt that it should be given early in the nursing course because it would be beneficial in the management of all types of patients with difficult behavior. Others felt that it would be easier for the student if given later in the course because all the basic instruction is given early.

5. Students should have a variety of interests outside of nursing. One of these interests should be in church affiliation. In order to create an interest in student activities there must be good leadership which can come from either senior or junior students. There must also be good publicity to produce effective events.

6. The student nurse's responsibility on the ward begins the first day she is in the hospital situation.

7. The students, generally, felt that there is better response to student government than to regulations made from the director's office. There should be staff representation at executive meetings of the student council.

At the completion of the reports Miss Sharpe spoke briefly to the students commending them on their good thinking and expressing the conviction that nursing in the future would be in safe hands. She also expressed the hope that the students would carry their enthusiasm on into the days to come, and in 10 or 15 years they would be working with and perhaps solving some of the problems of which they spoke now.

In closing I wish to express, on behalf of all the students our sincere appreciation to you, our "Big Sisters." We consider it a great privilege to be able to attend the biennial convention, and we are grateful for the recognition which we receive. We trust that we will not "let you down." We want you to be proud of us now and in the future.

Changing Attitudes

ELISABETH C. PHILLIPS, B.S., M.A.

IT IS UNFORTUNATELY TRUE that many nursing as well as medical students are only happy so long as they have *interesting* people to care for. Too often they define interesting as meaning persons who are acutely ill. They lose interest when they are expected to care for chronically ill patients. Not only do they lose interest, but they very often look down their noses at those who do care for patients with long-term illness and they say, "Anybody can give that type of care. Anybody can care for old chronics."

Nor is this attitude of disinterest confined to student nurses — graduates as well either have little interest in this type of patient or they actually resist this type of nursing. Their eyes light up, their heads and minds respond only when giving care to the unusual, the very dramatic, the acutely ill, or the person in the acute situation. There has, of course, been one exception to this. Some are genuinely interested in children who have a long-term illness, but even here they probably have experienced boredom as they were required to give care to youngsters with some sorts of afflictions, such as eczema.

Of course these attitudes are often shared by all members of the patient-care team but nurses are in the majority when they feel that care of the chronically ill is something with which they should not be personally concerned. Being in the majority is a comfortable place for nurses to be, but should we stay there? Why can't all nurses join the fringe of some other disciplines made up of those people who have acquired, by hook or by crook, a keen insight into the needs of the chronically ill and who are determined to help meet these needs in a dynamic fashion?

Perhaps our curricula for nurses, both basic and advanced, need a review in order to see why this belittling of chronic disease care exists. Nor must our examination be limited to what teaching goes on in the classroom. Attitudes are learned far more rapidly in on-the-job situations than they are in the lecture room. Therefore, the challenge to in-service education of those with whom students work is immense.

In my work as the director of a visiting nurse service, I have become accustomed to student nurses saying during their affiliations with us, "Why do I have to care for these old chronics? I would like to have some interesting cases for a change." Such remarks have come to be a commonplace, unfortunately, but it still comes as a shock to me when a director of a school of nursing points out, with every indication of dissatisfaction, the fact that she would like her students to have experience caring for acutely ill patients in their own homes and not for "old chronics." "Students need interesting cases, you know, in order that they will learn," they say. This is the sort of comment that upsets me no end.

Why, I ask you, can't students "learn" (whatever that is) when their patient has a chronic illness? Until comparatively recently we probably have had too little to teach students under these circumstances, but that most certainly is not true today. There is a body of knowledge, attitudes and skills that we must master and then pass on to our younger generation. Something must be done so that the outgrowth of our educational system in nursing does not foster derogatory and belittling attitudes towards the chronically ill.

We need to have a much more constructive viewpoint in this whole matter. Emphasis on frustration and discouragement in tackling these problems must be left behind. Much, very much, can be done and nurses have a vital role to play in doing it. Carlysle Jacobsen, Executive Dean of

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Miss Phillips is Executive Director, Visiting Nurse Service of Rochester and Munroe County, New York. This is the third in her series of articles.

Medical Education in the University of the State of New York, has said, "Special nursing for the chronically ill may become one of the most important factors in successful rehabilitation."

It is imperative for all persons — those working with the chronically ill, the chronically ill themselves and those who are likely to become chronically ill at some later date — to face intimately their own attitudes and feelings towards disability and illness. As long as underlying devaluation attitudes exist, behavior which devaluates will follow in its wake, even though it might have to cloak itself in a guise of innocuous expediency.

In the modern health care picture, the chronically ill person is often, although not always, judged to be inferior to those acutely ill; that is, he is of a lower status than is the one who is acutely ill and also lower than we who are attempting to give him care. He is looked down upon and pitied because we think that dependency and helplessness are devaluating characteristics. We harbor such thoughts as "I'm glad I'm not like you." We treat him as an object of sympathy, not with the respect due him as a human being. We do things *to* him and not *with* him; we neglect to ask his opinion or find out his feelings; we turn a deaf ear when he tries to tell us about his problems. All of this tends to make us leave him out of major decisions relating to his own care. We say — "We don't want to bother the patient" or "he wouldn't understand anyway." Then after the decisions have been made and a plan set up for him, we condescendingly expect him to accept it whole-heartedly. If he doesn't we become annoyed and give him that worst of all labels, "uncooperative." In doing all this, we are treating him like a child, we tell him what is best for him. what he may or may not do, we scold him or we cajole him. It is any wonder that he exhibits childish behavior in return?

In an article published in *Social Case Work* and entitled "Social Work and Human Problems," Smithin Bowers has identified four fundamental principles of case work. These four principles are equally applicable to the work of nurses who are caring for the chronically ill. First, there is the *principle of self-determination.*

> Social work has applied, in a concrete fashion, the principle that the human being can obtain his own perfection only through the exercise of his free will, that he has both the right and the need to be free in his traces.

Second, the *principle of particularization.*

> Human problems do not exist in and of themselves, but rather in persons who are individuals with their own personal unicity; and understanding of a problem is related to our identification of the specific differences within this particular person, this particular group, or this particular community.

Third, the *principle of acceptance.*

> This principle implies that social workers must perceive, acknowledge, receive and establish a relationship with the individual client as he actually is, not as we wish him to be or think he should be.

Lastly, the *principle of relationship.*

> The effective medium of help for the client lies in the dynamic interplay between the person of the worker and the person of the client, an interpersonal process that should be related solely to meeting the needs of one party to the relationship.

These processes operate in all of our contacts with all of our patients, but they are particularly important in our relationships with those with long-term illnesses.

The devaluation attitudes that society has towards the chronically ill are exactly the same as those he has toward himself. He believes that his illness lowers his prestige with others as, indeed, it does seem to do. He believes himself to be of lesser status than he was before he became a chronic invalid and this total self-devaluation process is painful in the extreme.

It is, therefore, important for us to understand and to help others to understand that these feelings exist and that we, who give him care, must not do anything to increase them. For instance, if we do something for him that he is capable of doing for himself, we are increasing his feeling of inadequacy. Our actions should be directed towards helping him to take on more responsibility for himself — in little ways as well as larger ones. We

want to make him believe that he is capable of making decisions just as soundly as he was able to before he became ill. He is going to need much more help in order to see those problems in a light that will make possible adequate solutions, but it should be, in the end, *his* decision, not ours.

Too often nursing is still based on the old concept of care that kept patients in bed not for days, but for weeks and months. During that time an intimate relationship was developed between the nurse and the patient that is threatened today as we try to make the patient independent of us. Nurses got much personal satisfaction from this old relationship, dominated by concern for doing *for* the patient. Perhaps one reason why nursing services are so pressed today is that we are clinging to our old goals of patient care that seemed to serve so well in the leisurely, and comparatively simple, old days. Now these goals create a decided conflict in the midst of the confused, complex, short-staffed situations in which we are working. It is not that the quality of our goals has been lowered, but that they have been changed — for the better, we believe. Today, the aim of helping the patient to help himself is a dominating component.

All of us, whether we are working in hospitals, public health agencies, industries, or schools, are struggling with the task of providing the quantity of nursing service needed to balance the ever-increasing demands for care of patients of all types — including those with long-term illnesses. At the same time we are struggling to provide *quality* of care for these people. To do both is the dilemma that confronts us.

Marion W. Sheahan has written in her foreword to "Society and Health" by Walter E. Boek and Jean Cable:

> There is growing awareness that the improvement of quality rests, not so much on the technical aspects of patient care, but upon its social and emotional aspects and the relationship among the workers who provide the care. As this awareness has grown, it was inevitable . . . that doctors, nurses, dentists and social workers turn to social science for help in analyzing problems and in gaining insight for new relationships with patients and among themselves as allied professional groups.

One of the changes in attitudes which we need to make today is in our definition of *kindliness* to patients. Is it kind, for instance, to make an arthritis patient learn to put on his own stockings when he has great difficulty in bending and may have to use a special gadget to bridge the distance between foot and hand? Intellectually we may accept the need to have the patient master this aspect of daily living, but we don't seem to be able to accept it in our own hearts. We don't think it is being kind to him. We want to do it for him (and sometimes we revert to that very thing even when we know we shouldn't). In other words, it disturbs us not to do *for* patients, it disturbs us to help patients to do for *themselves*. The lay public has this same attitude.

There is need for changing our attitudes along another line. Many of the younger physicians are now ready to accept a new relationship with nurses and give them a more important role in the planning and supervisory aspects of medical care. More and more often opportunities are arising for nurses to participate in interdisciplinary patient care conferences. But too many times the nurse feels that she must "keep her place" though by so doing, she eliminates the very real possibilities that she may contribute to the planning as well as to the execution phase of patient care. It is imperative that we teach the oncoming generations of nurses that they can and should participate in conferences "at the summit" and furthermore, we must help them to be able to do so effectively.

We need to change our attitudes in yet another way. Because of the heritage of the intimate relationship between patient and nurse, we sometimes find it difficult to accept the fact that others are now going to be on an equally intimate footing with the patient. Our resentment rises, for instance, when a practical nurse or a nursing aide seems to understand a patient's needs better than we do ourselves and when the patient asks for that person to help him with problems. We are even upset when we hear such an auxiliary worker refer to the pa-

tient as "*my* patient." This is another attitude that we need to change, so that we will want to work *through* others *to* the patient as well as to give him direct care ourselves. To know when to do one and when to do the other calls for sound judgment and this, too, is something that we must develop among nurses.

Change is inevitable, but the speed or slowness with which it comes *can* be controlled. Change is a characteristic of life in any country that is based upon the democratic principles that make it possible for samall groups of people to share their ideas with others. The changes instigated by these small groups may, of course, be rejected or they may be gradually or speedily accepted and so become a part of the community-wide behavior.

When we look at the social structure of our community, it is regrettably evident that many leaders in the overall social system are interested in maintaining the status quo. This is particularly true in nursing. Our present-day leaders resent change because the status quo gives them security and change is always a disturbing factor, at least in the beginning. Our ways of doing and thinking are protected from the searchlights sometimes turned on them to good advantage by the small groups of thinking pioneers, but that does not mean that the searchlight is not needed.

Medicine is conservative — it always has been and probably always will be and rightly so — but medicine does change and never more rapidly than in the past 25 years. Let us be sure that nursing — both nursing skills and nursing attitudes — does not lag behind. We do not, of course, desire change for change's sake; on the other hand, we must not be afraid of change when, in the light of our present-day standards and goals, it seems to be desirable.

In the Good Old Days

(*The Canadian Nurse* — SEPTEMBER, 1916)

No editor can make a professional journal out of thin air. Do you suppose she enjoys printing warmed over graduation addresses, full of anemic platitudes? She does not! She only does it because she has vainly canvassed every nurse she can think of, only to be assured with a bashful smile that "she really couldn't think of appearing in print." Justly or not, there is a tendency to look upon those whose names appear as the authors of articles as self-advertisers, eager for notoriety. This most unjust aspersion has worked incalculable harm to our journal.

If our journal is not all we should like to see it, then the fault is our own. It is our lethargy and indifference that have militated against its success.

* * *

Repeatedly letters of protest and, on two occasions, delegations of trained nurses have interviewed Sir Robert Borden, the prime minister, regarding the numerous instances of untrained women being enlisted in the C.A.M.C. as nursing sisters. These protests have largely gone unanswered.

* * *

The Alberta Association of Graduate Nurses is glad to be able to report that at the last session of the provincial legislature the first Registration Act was passed.

* * *

Of 93 hospitals replying to a questionnaire regarding training schools for nurses, six had full-time instructors. The educational requirements for admission to training were varied: High school entrance, 37; one year high school, 25; two years high school, 8; not stated, 23.

Exercise rather than bed rest is being prescribed for patients with varicose ulcers on their legs, at an American clinic. The therapeutic technique employed is described as "elastic adhesive ambulatory compression." Application of an elastic bandage, active use of the legs and no medication form the treatment. The bandaging reduces the edema and allows normal physiologic repair while the exercise prevents the recurrence of edema.

— *Scope Weekly*

Glomerulonephritis

Sister Mary Doris

The disposal of waste is an essential in the promotion and maintenance of health. In terms of the physical world, we depend on the proper functioning of an adequate sewage and garbage disposal system. Our bodies are dependent largely upon a healthy urinary system. When a breakdown in the waste disposal system occurs, then you have disease conditions resulting. What happens when the human system becomes defective is poignantly illustrated by the story of Douglas.

The eldest of a family of three, Douglas was a well-adjusted, cooperative, intelligent little boy. His parents were of moderate means and had provided a happy home environment for their children. The medical history of the entire family was essentially negative for illness. The parents could not recall any instance of kidney disease in either of their respective families. Each baby had been the result of a normal full-term pregnancy. All had been healthy and vigorous with no congenital defects.

Douglas' first admission to hospital was in March, 1951 when he was four years old. On examination he was seen to be rather small for his age and very pale. He had had one attack of *otitis media* and was subject to frequent sore throats and colds. A routine urinalysis was done which, at that time, showed no evidence of kidney damage. A tonsillectomy was performed and after an uneventful recovery, the little boy was discharged.

In November, 1952 Douglas was again admitted to hospital — this time with a diagnosis of *cystitis* and *fibrositis* of the neck. He showed slight puffiness around the eyes and his hands tended to swell although there was no edema of the extremities. He had also developed *enuresis*. This time the urinalysis report indicated the presence of albumin and some blood and pus cells. Four days later the albumin content had increased noticeably. There were no casts present in either specimen. *Nephritis* was considered as a possible diagnosis but, as the *fibrositis* had cleared satisfactorily, Douglas was allowed to go home. There, he was kept under further medical observation.

In December, 1952 the child returned to hospital acutely ill. He was pale, listless and complaining of recurring frontal headaches. He was still troubled with frequent sore throats. The urine was a dark smoky color and Douglas suffered from nocturia. Although ascites was not present, there was obvious edema of the face and hands. He ran an intermittently high fever.

Numerous laboratory tests were carried out. A non-protein nitrogenous estimation was done and found to be within normal limits (31 mgm.%). A red cell count indicated a mild degree of anemia. The urinalysis gave the only real clue to the cause of the illness — albumin and casts were both present. A diagnosis of second stage *nephritis* with *nephrosis* was made. Douglas was placed under observation and a careful medical regime instituted.

Medical Care

Complete bed rest. This was essential in order to put the kidneys at rest and so reduce edema.

Careful *estimation of intake and output* to help determine the extent of kidney function.

Restriction of fluids to 500 cc. daily. This aided in decreasing edema and reduced the workload of the kidneys.

Blood pressure readings twice daily. Excess abdominal and tissue fluid causes pressure on vital organs and their blood supply resulting in hypertension.

Weight obtained every second day. This helped to show variations in edema.

A large *chest plate:* Pulmonary edema is a possible complication.

Flat *plate of abdomen:* This x-ray is done to demonstrate the presence of fluid in the peritoneal cavity or to show any

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Sister Mary Doris, a student at St. Joseph's Hospital, Victoria, B.C., received honorable mention for this study in the Macmillan award competition for nursing care studies.

density that could result from a tumor or stones within the abdominal cavity or urinary system.

Blood electrolyte estimations: The great loss of fluid from the blood into the tissues increases the concentration of the blood constituents. The delicate balance between acid and base is lost. Douglas had been placed on cortisone therapy — a substance which tends to produce sodium depletion and potassium retention. Electrolyte estimation helped to check the development of this.

Frequent urinalysis: This served to indicate the extent of kidney damage and aided greatly in following the progress of the disease.

Cortisone therapy: A non-specific use of the hormone which tends to produce striking improvement in inflammatory conditions of various kinds.

High protein diet: This compensated for the protein being excreted in the urine and maintained normal blood viscosity.

Nursing Care

The usual picture of this condition is to have an acute phase followed by a chronic phase. The nursing care needed varies with the physical condition of the patient. The important principles observed in caring for Douglas are contained in the following outline:

Physical care:

1. Careful *charting of intake and output:* The doctor's orders varied with this record and accurate estimation was extremely important. Intake included fluids taken by mouth and parenterally; output included a record of severe perspiration, diarrhea and vomiting as well as urine excretion.

2. *Skin care:* This became particularly significant when edema was present. Under edematous conditions, the skin is very sensitive to pressure, circulation is poor and break down can occur very readily while tissue repair is greatly hindered.

3. *Oral care:* This was very essential at all times. Douglas was highly susceptible to upper respiratory and other infections. When vomiting was severe, the value of oral care as a comfort measure could not be over-estimated.

4. *Avoidance of constipation:* There was a tendency for this condition to develop. In caring for Douglas it was found most helpful to have a regular period for defecation established.

5. *Oxygen therapy by tent:* This was used in the latter stages of the disease to facilitate breathing. At that time Douglas showed evidence of pulmonary edema with labored, rapid respirations, 40-50 per minute. The nurse was responsible for instituting the therapy when needed, as quickly as possible and also checked the equipment periodically to be sure the oxygen supply was adequate and the temperature in the tent comfortable.

6. Ensuring *adequate rest,* avoiding chilling from draughts and protecting the patient from exposure to other infections were equally important. Worthy of special note is the fact that a nurse with a cold should not care for a patient with nephritis.

Mental Care

Physical care while of utmost importance, is not enough in itself. One of the greatest problems in caring for Douglas during the chronic stages of his illness was to keep him mentally comfortable and happy. He had an active, inquisitive mind and a small boy's natural dislike of staying in bed for long periods. Rest was essential and entertainment had to be free from much exertion. Coloring books, cutouts, guessing games, stories, building small models of houses, barns and fences with toothpicks and glue provided many hours of quiet, educational amusement.

Through the companionship and gentle discipline of his parents and nurses, Douglas was made to feel secure and necessary. He was taught the simple lessons of honesty and good manners. Although it was recognized that his lifespan would be short, Douglas was helped to live as fully as possible within his limitations. Stress was placed on the necessity for not treating him as an invalid either while in hospital or during his visits to his home.

Patient Teaching

In order to help him attain the greatest degree of health possible, Douglas was encouraged to continue practising faithfully the fundamentals of health already begun in his home.

1. Dental care at least twice a day.
2. The importance of proper clothing and footwear when out-of-doors. Avoidance of chilling from drafts and wet clothing.
3. Cleanliness.

During the period December, 1952 to September, 1954 Douglas was in and out of hospital several times. Each time he returned it could be seen that his condition was noticeably deteriorating. The urinalysis reports invariably showed albumin and casts. Blood proteins continued to become lower.

Edema of the lower extremities developed as well as of the face and hands. Ascites became very pronounced and paracentesis was done frequently to help relieve the discomfort. As much as 800 cc. of ascitic fluid was removed every second week. Douglas' blood pressure varied from 120/94 to 176/120. His weight showed a variation of 4-5 pounds over a 2-day period. His skin was dry and his hair scanty and very coarse. Due to the edema his pallor became very pronounced. Frontal headaches were common and as time went on uremia became an added, albeit not unexpected complication.

On his last admission for hospital care, Douglas had a blood pressure of 190/130. Pulmonary edema was present and his respirations were labored and rapid. Oxygen and aminophylline relieved the respiratory distress temporarily but the child's condition continued to deteriorate and he died in September, 1954 at 7½ years of age.

Summary

The symptoms and clinical findings exhibited by this little patient presented the classical picture of glomerulonephritis. Douglas succumbed to complications of the disease.

Common Sense Safety Precautions

Safety rules might be repeated a thousand times over, but every summer hundreds of children become unwilling statistics in the records of those who are crippled. Perhaps the only way to strike back lies in the hope that repetition will make everyone safety conscious. Safety measures to be observed in the home, on the highway and out of doors include:

For parents:

Set an example for children. Take advantage of any opportunity to teach safety measures.

Guard young children from crippling or fatal injuries by using common sense protection. Keep guards around stairs, windows and backyard ponds, pools, cisterns or wells.

Don't let garages become storehouses of death for children. Store poisons such as insecticides, paint removers and thinners safely and out of reach. Do the same with fireworks, firearms and other explosives.

Clean up backyards, removing nails, broken boxes, boards and glass. Make sure clotheslines are strung high. Keep playground equipment in good repair.

Supervise burning of rubbish, and do it on a windless day.

For children:

Remember safety rules learned at school, and practise them.

Join a community class in swimming and follow the safety precautions. Wait for an hour after eating before going into the water. Don't swim too far, alone or in unfamiliar areas.

Be prepared on hikes, fishing trips and boat rides. Listen to leaders' directions and follow their examples.

Keep away from unauthorized areas like ditches, excavations, dumps or junkyards. Don't play around with farm machinery.

Be careful on the street. It's not a playground. Walk with the green light and cross at the corner.

Keep bicycles in good repair. Don't do stunts on bikes. Show-offs aren't funny.

For the community when driving:

Treat youngsters as if they were your own. Obey all traffic signals and signs. Slow down in play areas. Watch for the unexpected dash into the street.

Give cars complete check-ups before venturing to the highway. Make sure tires, brakes, lights, steering wheels and batteries are in top shape. Take along emergency supplies.

Don't drive too long on vacation trips. Stop before fatigue sets in. And don't drive too fast.

— National Society for Crippled Children and Adults

* * *

In the training of children, the pronoun to be used by either parent is *we* — rarely if ever, I.

* * *

What really flatters a man is that you think him worth flattering.

— G. B. Shaw

Life, Profession and School

SIR FRED CLARKE

(Concluded from August, 1956)

So much then, at least for the present, for the all-important foundations. What of the special vocational superstructure, the training of the nurse as such?

Here you have for guidance the rich resources of the Survey Report, so I need do no more than touch upon some of the main considerations. I will speak first, briefly, on the social implications, and then, at somewhat greater length, of the Educational necessities.

Concerning the relation of the nursing function to the structure and functioning of society as a whole, I wish to say quite definitely that I see no hope of a final and satisfying solution of the problem of training unless the health services of the community are de-commercialized. The problem is simply insoluble unless this is done. I have often noticed the curious fact that debates on professional questions — even among teachers and professors — frequently turn out to be, in reality, just conflicts of vested interest. So long as the commercialized competitive basis persists, so long will the human and social value that should dominate training tend to be vitiated at their source. Even if the instructor sees straight, the pupil will be tempted to look asquint. The universities themselves are not free from it either, unless we are to believe that every Ph.D. degree is sought with a single eye to the advancement of learning. I know nothing more melancholy in a teacher's life than the watching of this "contagion of the world's slow stain" as it creeps insidiously but deliberately over pupils in whom he thought he had seen capacity to resist. The evil is only made worse by hypocritical unction about "service."

It is not for me to say how the socialization should be effected. I merely lay down the principle as necessary to a full and worthy achievement of the educational end. But I would like to add just a word about the alleged "loss of the spur of competition" that would follow upon socialization. This contention impresses me as a melancholy instance of our customary failure to think comprehensively and disinterestedly on those great social issues. Two things can be said about it. In the first place, to *what* kind of competition is the present order of things a spur, competition for the advancement of professional practice or competition for the material advancement of individuals? Some material for an answer might be had from an inquiry into the sources of advancement in medical and health practice during the past century or so. How many of the advances have originated with purely "competitive" practitioners?

In the second place, would there be no competition under a socialized system? The question answers itself. But, of course, it would be competition of a different kind.

Really I am more than sceptical about this argument of "competition" in the 19th century economic form in which it is usually put. At times it almost seems to be equivalent to an assertion that the human aspiration towards excellence will not function at all except at the lure of gold. Yet all experience of genuine human service belies it.

I turn now to speak more specifically of the scheme of training that is implied by our double objective of a vocational adaptation growing out of a live and strong general culture.

The Survey Report in the comprehensiveness of its range over the whole field reminds me a little of the famous "Institutio Orotoria" of Quintilian where he discusses the training of the orator. He begins by getting his subject satisfactorily born, and does not think it irrelevant or unseemly to discuss the details of the regimen of infancy. For it all belongs, since "Ora-

tor nisi vir bonus, non potest." The Survey seems to think much the same about nurses. True, they have to be made as well as born, but the making goes on from the first and there are certainly some who are born *not* to be nurses.

Again, note the *representativeness* of this matter of the education of the nurses. It is one well-marked instance of the whole general process, and the Survey is entirely right in bringing to bear upon the problem wherever it can, the best of our ascertained knowledge about the educative process.

You will not expect me to discuss the infancy regimen of the embryo nurse as Quintilian discusses that of the embryo orator. But it is not irrelevant, and as a father of five daughters I might claim to have a few ideas about it.

However, I must concern myself here with the more strictly scholastic preparation. The field can be divided conveniently into three parts or stages. The first I will call "Cultural Saturation"; the second "Specialization"; and the third, "The Higher Training."

What I mean by "Cultural Saturation" should now be sufficiently clear. I will not call it the dipping or dyeing process as that makes the subject of it too passive. But it is something of that sort in its effect. What it does is to produce the live, alert, self-conscious *type* of a culture, which, if not yet fully developed, is full of the promise of rich and many-sided development. Of course, in Canada, the cultural constituents will have their Canadian flavor, but I see no serious danger in Canada of a narrowly interpreted Nationalism restricting the possibilities of a broad human culture. The charge is rather the other way: incoherence and shapelessness and lack of a clearly defined sense of what it means, culturally, to be Canadian. But a touch of adversity seems to have made the omens more favorable and there are welcome signs that the whole common life of Canada may draw itself together in a more self-conscious unity, fruitful in suggestion and guidance and disciplinary influence for all its members.

However that may be, the possibilities depend on forces that are beyond the immediate control of the nursing profession as such. The practical question for us here is to decide what degree of saturation, such as is now possible, the candidate nurse should attain to.

We cannot go behind recognized certificates of scholastic standing. Admitting all their defects and dubieties, we must allow that efficient conduct of mass education requires them. Remedies for defects must take the form not of discarding these holding-pins so as to let education down in a shapeless sprawl, but of improving and enriching the culture to which they testify, and of fighting relentlessly against the tendency to exaggerate the cash value of a certificate as such. High school leaving standard seems to be the best we can hope for just now, and where high school training is good it may be sufficient. For we must not forget that the next stage, that of vocational specialization, should keep open many possibilities for further culture.

May I add that I disagree with the Survey if I understand rightly that it advocates a special *ad hoc* Nurses' Matriculation? This would be a retrograde step: the adoption of a practice which other professions have discarded. The time for what I call "Saturation" is all too short: its value for the subsequent training is due to its being what it is, a general culture; and as one who has suffered from it I deprecate these all too early predestinations.

> Oh! If we draw a circle premature,
> Heedless of far gain,
> Greedy for quick returns of profit, sure,
> Bad is our bargain.

I would rather see a lengthening of the professional training should that prove necessary.

Coming now to specialized professional training, I notice that there is a tendency among nurses to speak rather bitterly and contemptuously of what is called "Apprenticeship." I hope I shall not be thought unsympathetic if I suggest that on this point we should think again. I know well the evils of a system that subordinates the paramount claims of genuine training to the exploitation of cheap, immature labor. I had a little to do with that fight in South Africa in helping to build up the semi-State system of educative apprenticeship that is now in

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operation there. Also I have been through it myself. I served my four years as a very juvenile apprentice — a pupil teacher — in England in the bad old days before the reforms of 1902. I know how much drudgery and how little education there may be, how much premature responsibility, how much lowering of standards of achievement and stifling of the wider powers.

But have we not here a case like that of discipline; a true idea perverted and misapplied by a mistaken and vicious method? Is apprenticeship still wrong when the claims of education are made really paramount, when the pupil is first and foremost a learner and a young worker only *because* he is a learner?

For what is the alternative to apprenticeship? Can it be anything but a school? Faith in schools is apt to be strong when belief in education is weak. Everywhere their severe limitations as instruments of true vocational training are becoming better understood and recourse is had to training-on-the-job, with a specialized kind of school playing a subordinate though necessary part. Do not let us, then, discard the concept of apprenticeship. It is the right notion. Let us rather purge it of its bad economic associations and of the abuse of methods that has so often gone with it. The Survey Report makes excellent recommendations on this point, which I need not repeat. They seem to fall under two heads: (1) The organization of adequate teaching institutions. These can only be hospitals with properly equipped schools attached to them. (2) The provision of properly trained teachers.

There is a new profession here, which will have a great part to play in the future. Whatever we may be able to do here the real task will be theirs. They will be key-people discharging a most vital function, and I trust that the coming organization will be flexible and liberal enough to give them proper scope. In the parallel case of the State schools the teachers have still not achieved their proper share in the making and execution of policy. I trust that hospital boards or other governing authorities will be wise enough to guarantee the "libertas docendi" of those upon whom the main task must fall.

But over the whole of this scene of the specialized training I see again the spirit of socialization asking for embodiment. And the claim grows the more insistent the longer I look at the problem.

May I add that, if the schools of nursing of our dreams should really get going, I should look to them to make significant contributions to our knowledge of educational principles and technique. Working in so rich a field, where there are so many points of contact with varied human interests, and guided, as they would be, by highly trained directors, they should yield much that would be of value to us all.

Again, do you observe, that note of *representativeness!*

I come, finally, to what I have called the "Higher Training." The meaning of the term will be clear to you. It refers, of course, to instructors, administrators and directing staff generally. It is here that I smell the smoke of battle, for intensely agitated questions like that of the proper scope and function of universities and that of the rights and status of what may be called the higher professions for women here come upon the scene. So you will forgive me if I tread a little warily. I am prepared to accept right away certain propositions about the training that is called for at this level, the training in a School for Graduate Nurses, if you like. These propositions are:

1. That the training is of unquestioned university level.
2. That it requires urgently the university atmosphere of breadth, leisure and disinterestedness.
3. That those who will take it are beyond all question of university standing.

I can speak from a little experience here, having been brought in touch, academically, with groups of students in a university school for graduate nurses. It seems almost like insulting them to give the assurance that I have been struck again and again by the strength and maturity of mind that many of them displayed, by the keeness of their interest, both professional and intellectual, and by the value of such an experienced leaven in the general student body. But it does not necessarily follow from my acceptance of these propositions that I should agree

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to the further propositions:

1. That the universities should assume sole responsibility for such training.

2. That successful completion of it should be marked by an *ad hoc* degree for nurses as such.

Note that my attitude is non-committal. I do not deny these last two propositions, but neither do I wholly affirm them. There is a fence-sitting attitude for you! Say that if you will. But many things have to be considered.

1. You may look for, and find the subject "logic" in the curricula of universities, but you must not expect to find it always in their policy. They, like other institutions, are the creatures of circumstance and history and accidental pressures, and it does not follow that what they have done once they will do again. With them, as with politicians, the chill of practical necessity may make them insensitive to the fervent heat of logic. Law, Medicine and Theology have their place by ancient practice: Engineering and Architecture and well-established new-comers: Commerce, pushful as ever, is getting well in. Now comes a situation not unlike that of the recognition of denominations in public education — if one sect why not all the rest, and how many might there not be?

2. This necessarily raises acutely the question of the real purpose of a university, that function which it must always put first in considering competing claims. There is debate enough on the question today when universities tend to disappear in a congeries of technological schools. But my own mind is quite clear that the true value of universities will be lost unless we put first the functions — the purely *cultural* function — of saturation, as I have defined it, and the creative function of Research. These, I think, must always have first claim.

3. But this need not mean the complete exclusion of all further professional schools. The problem is largely one of finance. The university's attitude might be different if it did not feel it was robbing its own child Peter to pay a step-child Paul. Is there no possibility of founding schools rather like theological colleges, in close affiliation with universities but with no financial claims upon their general funds? The practice is by no means unknown and some major difficulties might be obviated if it could be followed.

4. As for the degree, if that is demanded, various courses are possible. The wide umbrella of Arts or Science might be capacious enough to cover a very satisfactory degree for nurses. For have I not all along been emphasizing the central representativeness of the nursing profession and its education?

Or the school might give its own qualification with the university's imprimatur. I agree that the issue is largely one of professional status and there may only be one way — that of the nurses' degree as such — to secure the object. But as yet I remain unconvinced.

5. Greatly daring, I venture a last point. What of the future of university degrees in general? "When everybody's somebody, then no one's anybody." Sometimes I long for that day to come, when, with a tremendous slump in the value of university degrees, it may be possible to tempt young people to turn away from pot-hunting to the serious business of their own education. "A man's first social duty," says a wise American, "is his own education." I agree heartily that a great and vital social function like nursing, where the training must be severe, and the work is often arduous and thankless, calls for adequate social recognition. And I agree, too, that such recognition is, to some extent, a factor in efficiency. But in that more rational and better socialized world towards which we hope we are moving standards of valuation may be different. We may learn better to value people for what they are and for the significance of their service rather than for their labels. The salesman and the advertiser will not always rule, and those who have lived with the most satisfaction to themselves and the greatest benefit to mankind rest generally in unvisited tombs.

This may sound like cold comfort, and I may myself be accused of offering the laboring animal spiritual sustenance because I am not prepared to let him have the carrots. Carrots are sweet and pleasant nourishment, but they are not the same thing as a faithful journey. God help us all to know our true reward.

I close on the note with which I began; the thoroughgoing human representativeness of nursing. I have had the privilege of its ministrations as I

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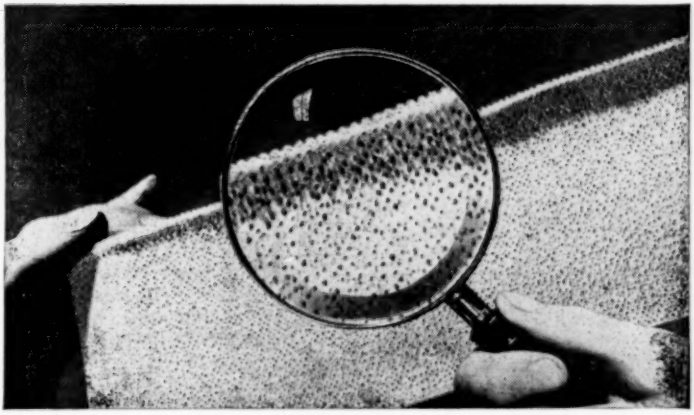

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have had the privilege of teaching some of its ministers. I have tried to the best of my ability, to offer some help in the solution of its training problems, and I am left now with a great hope and a great confidence. For your work carries you right into the centre of this human scene, to springs of emotion and action to which many of us cannot penetrate. As I think of the burden laid upon you, I recall that well-known verse of Blake:

To Mercy, Pity, Peace and Love
All pray in their distress,
And to these virtues of delight
Return their thankfulness.

I can offer no greater tribute to the nursing profession than to say that reflection on its mission and its problems makes me think of that verse.

In Memoriam

Jean Balloch, a graduate of Victoria Public Hospital, Fredericton, N.B., died there in May, 1956. Miss Balloch had served for a time as matron of the hospital in Vernon, B.C. as well as working in New Brunswick.

* * *

Della Jean (Witts) Coleman, who graduated from Holy Cross Hospital, Calgary, in 1926, died at Virden, Man., on May 21, 1956, in her 56th year. Following graduation, Mrs. Coleman worked in the hospital at Kenora, Ont., before leaving for Hawaii where she spent several years. She became matron of the Virden hospital in 1953 and interested herself immediately in expanding the institution's work in that thriving community. Her last accomplishment was to convince the Hospital Aid of the need for a fracture table. It has been dedicated as a memorial to her.

* * *

Elizabeth (Quinn) Corbett, who graduated in 1916 from St. Joseph's Hospital, Port Arthur, Ont., died at Toronto on May 16, 1956. Mrs. Corbett joined the C.A.M.C. immediately following graduation and served overseas in World War I, marrying at the close. Some years ago when a polio epidemic broke out in Toronto she resumed nursing at the Isolation Hospital. She was on duty there the day before her death. During World War II, Mrs. Corbett worked in Canada for the Free French Movement and was awarded the French Cross of Liberation and the Medal of Recognition.

* * *

Elizabeth (Domville) Davidson, who graduated from Royal Victoria Hospital, Montreal, in 1911 died earlier this year in Rothesay, N.B.

Rosa (Moor) Dawson died at Toronto on June 15, 1956, following an illness of several months. She had engaged in private nursing in Toronto for many years.

* * *

Caroline Margaret Hichens-Smith, who graduated from St. Joseph's Hospital, Victoria, in 1919, died suddenly at her home in Powell River, B.C. in May, 1956. She was 61. Known to her friends as Carrie Smith, she had been on the staff of the Powell River Hospital ever since 1922.

* * *

Mary Jane (Bannister) Kesselring died at London, Ont., on May 9, 1956 at the age of 86. For 33 years Mrs. Kesselring had worked at the Owen Sound General and Marine Hospital, retiring some 20 years ago.

* * *

Olive (Bentley) Mallock, who graduated from Toronto General Hospital in 1896, died at Toronto on May 16, 1956. Many years ago, Mrs. Mallock was superintendent of nurses at T.G.H.

* * *

Florence McConnell, a graduate of old St. Luke's Hospital, Ottawa, died recently following a long illness. She had engaged in private nursing for many years.

* * *

Florence McDonald, who graduated from The Montreal General Hospital in 1905, was fatally injured when struck by a taxi in New York City in April 1956. She had engaged in private nursing in Montreal.

* * *

Gwendolyn Frances (Birt) McGugan, who graduated in 1922 from the Amasa Wood Memorial Hospital, St. Thomas, Ont., died at Aylmer, Ont. on May 5, 1956.

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Alice (MacLeod) McIntyre, a native of Prince Edward Island who had trained at Mt. Sinai Hospital, New York, died at Montague, P.E.I., on May 10, 1956 in her 56th year.

* * *

Isabella Jane Neilly, who graduated 41 years ago from Soldiers' Memorial Hospital, Orillia, Ont., died there on May 5, 1956 at the age of 78. Enlisting in the C.A.M.C. early in World War I, Miss Neilly served in England and in the far east. She was honored for her outstanding work during a cholera epidemic in Bombay in 1919. After the war she became assistant superintendent of Memorial Hospital, Listowel, Ont., later doing private nursing in Chicago and Orillia.

* * *

Charlotte Helen Ross, O.B.E., a graduate of the General Hospital, Brockville, Ont., died at Toronto on June 21, 1956. After engaging in private nursing in Montreal for a time, Miss Ross enlisted in the C.A.M.C. and went overseas in 1916. She served in England and France, being mentioned in despatches. After World War I she served as matron at Westminster Hospital, London, Ont., until her transfer to Christie Street Hospital, Toronto, in 1936. In 1948 she was awarded the O.B.E. for her splendid service as chief matron at Christie Street. She had retired at the end of World War II.

* * *

Clara (Evans) Webster, who graduated from Toronto General Hospital in 1901, died at Cloverdale, B.C., on April 17, 1956. Mrs. Webster served as matron of the General Hospital, Whitehorse, Yukon, many years ago.

Leukemia

W. Schweisheimer, M.D.

Few other disease conditions call forth the same feeling of utter hopelessness and fear which we tend to associate with leukemia. Our concern in this regard is out of all proportion to the incidence of the disease. The fact that it is a comparatively rare entity is completely overshadowed by the knowledge that the mortality rate of leukemia now exceeds many of the acute communicable diseases such as diphtheria and poliomyelitis. True, the mortality rate is rising but this might be explained partially on the basis of increased public and professional interest and provision of increased, improved and more frequently used diagnostic facilities. As a result, incidence of leukemia is being reported with much greater accuracy. But the average person, lay or professional, remembers mainly that leukemia is of unknown origin, has a tendency to appear in the acute form in childhood or as a chronic condition in adult life, and is inevitably fatal.

The acute form, seen most frequently in youth creates the strongest impression. The course of the disease tends to be short — ranging from a few weeks to a few months. The means of treatment so often appear frustratingly inadequate. The chronic form, usually associated with adult life, has a much more gradual course being measured, as a general rule, in years. In a recent study one patient was observed who had had the disease in its chronic state for a period of 29 years. Methods of treatment in this instance, although far from perfect, have a more optimistic air.

By definition, leukemia is an "invariably fatal systemic disease of unknown etiology primarily involving the blood forming organs." Pathologically, an enormously increased white cell count is exhibited at some stage. Proportions of 100,000 to 200,000 white cells per cubic millimetre have been attained — many times the normal reading of 6,000-8,000. Sometimes the white cells are not particularly evident in the peripheral blood and for this reason examination of bone marrow is usually a routine measure. The bone marrow may be packed with white cells.

The disease may assume one of three different forms. The *myelogenous* variety tends to produce enlargement

Dr. Schweisheimer resides in Rye, N.Y.

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of the spleen with some glandular enlargement. *Lymphatic leukemia* is characterized by marked glandular enlargement but less apparent spleen involvement. *Monocytic leukemia,* much more rare than either of the other two types, exhibits severe bleeding and edema of the gums. All forms induce anemia fatigue, energy loss and purpura. Logically enough we have come to associate leukemia with malignancy and it is often termed a cancer of the blood. The first clinical manifestation of lymphosarcoma may be the appearance of leukemia. Twenty to 30 per cent of patients suffering from polycythemia vera develop leukemia terminally.

The very high incidence of this condition among radiologists, doctors or nurses, exposed to the effects of x-ray have led to certain conclusions. Either there is failure to observe existing protective techniques properly or present methods are inadequate. In any case, the risk of death from leukemia among radiologists is estimated by one investigator to be 9 or 10 times that of non-radiologists. The possibility of radiation as a causative agent of leukemia is further substantiated by the fact that survivors of a single high exposure to radiation at Hiroshima and Nagasaki had an incidence 13 times as great as those in whom exposure was minimal.

Not all persons exposed to the effects of radiation develop leukemia which suggests that a certain set of "conditions" must be required. This has led to the conclusion that human leukemia is dependent upon a *non-specific hereditary* predisposition to cancer. What other "conditions" would need to be present have not been defined. Age and sex would appear to have some bearing. Lymphatic leukemia has a higher mortality risk during the first two decades of life than during the third and fourth combined. From the fifth decade on, mortality risk tends to increase with longevity. In both white and non-white races, mortality is higher in males.

All black clouds have some silver lining. Although still considerably tarnished, the silver in the black cloud of leukemia would seem to be in the methods of treatment. Discoveries in the fields of radioactive materials and pharmaceuticals are giving fresh hope. Present methods of treatment might be evaluated as follows:

1. X-ray therapy may tend to aggravate acute leukemia but local or total body radiation or the use of radioactive phosphorus would appear to be the most useful agent in the treatment of myelocytic leukemia.

2. Aminopterin, an amino acid analogue of folic acid, has been found to produce a remission period of several months in children and young adults. Combined with Corticotrophin, even better results are achieved.

3. Urethane (ethyl carbamate) used in combination with x-ray therapy, enhances the effects of radiation and prolongs remission periods.

4. Triethylene melamine has been found to produce complete clinical and hematological remissions in 60 per cent of patients treated. If maintenance doses are given the remission period is prolonged.

5. Nitrogen mustard therapy is of little or no use in treatment of leukemia but is beneficial when used to combat lymphosarcoma with which leukemia may be associated.

6. In addition blood transfusions to control anemia, antibiotics to prevent or overcome infection and maintenance of good morale are all a necessary part of therapy.

While the fact is accepted that with each relapse, treatment becomes progressively more difficult, it is felt that every person with leukemia should be given treatment regardless of how hopeless the outcome may appear. The reasoning behind this is fourfold. Through treatment, painful complications may be alleviated or avoided; children are given an opportunity to lead as active and normal a life of work and play as possible; a period of adjustment is provided for the patient and his family. Finally, there is the ever-present hope that maybe tomorrow someone will find the Achilles heel of this dreaded killer and offer a fresh solution — we cannot deny today's sufferers that possible opportunity.

We have all sufficient strength to endure the misfortunes of others.

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Quelques Considérations sur l'Anémie et les Etats Anémiques

EUGÉNIE TESSIER

LES MALADES anémiques sont recrutés dans tous les services d'un hôpital général, d'où nécessité pour l'infirmière d'acquérir des connaissances:

Sur les causes de la maladie; symptômes manifestés.

Traitements prescrits; médications à administrer; alimentation à surveiller.

Evolutions vers un prognostic favorable d'amélioration et de guérison.

Rôle du laboratoire délimité à des tests spécifiques.

LA CONNAISSANCE DE LA MALADIE

Nos cours de physiologie nous ont appris, qu'une perte quantitative des hématies et de l'hémoglobine qu'elles renferment, cause un état pathologique se traduisant par une anémie. L'infirmière doit connaître les chiffres normaux d'une formule sanguine. Ces chiffres sont mis en regard du sang analysé, et nous les trouvons imprimés sur les feuilles de rapport des laboratoires. Cet examen de routine est le plus couramment employé pour déceler le degré d'anémie.

Il est intéressant de remonter à l'origine du sang. Le globule rouge adulte de la circulation a eu chez l'embryon son premier développement, même avant que toute circulation ne fut établie. Pendant la moitié de la vie intra-utérine, le mégaloblaste, précurseur du globule rouge, se divise dans le foie, la rate, pour donner naissance à de nouvelles hématies. Au 5ième mois de la vie fœtale, la moëlle assume la fonction hématopoietique. De la naissance jusqu'à l'âge de 3 ou 4 ans, la moëlle est rouge et active, tandis qu'elle est remplacée par la moëlle jaune vers l'âge de 10 à 14 ans. La moëlle reste active cependant, chez l'adulte, dans les os du crâne, du thorax (côtes, sternum, clavicules), des vertèbres et des os innominés. La production des globules rouges et son maintien à niveau normal ne s'opèrent que par une coordination entre la nutrition, l'absorption et la valeur de réserve; les sucs gastriques favorisent l'absorption au niveau de l'intestin ainsi que l'emmagasinage des réserves, par le foie.

Quelles sont, chez l'adulte, les estimations normales de l'hémogramme? Le rapport, plasme/éléments figurés du sang, fourni par l'hématocrite représente normalement chez l'homme 47 vol%; et chez la femme 42 vol%. La formule sanguine établit normalement chez l'homme 5,000,000 à 5,500,000 globules rouges par mm3, avec 15.6 grammes d'hémoglobine par 100 cc. de sang (taux correspondant: 100%) et chez la femme 4,500,000 globules à 5,000,000 par mm3, avec 13.7 grammes d'hémoglobine par 100cc. de sang (ou un taux de 100%). D'après les chiffres normaux des hématies, de l'hémoglobine et de l'hématocrite, qui peuvent servir de base à des calculs spéciaux, des détails complémentaires s'ajoutent pour préciser le diagnostic, si l'on fait usage des indices suivants:

La valeur globulaire (C.I.)

Le volume globulaire total (Hématocrite)

Le volume globulaire moyen (M.C.V.)

La concentration globulaire moyenne (M.C.H.C.)

L'index de saturation en hémoglobine.

Le diamètre globulaire moyen (d'au moins 500 globules, M.C.D.)

Une diminution plus ou moins marquée de ces standards, démontre un état d'anémie avec cette conséquence que la fonction respiratoire du sang est diminuée. Le globule rouge, par l'hémoglobine qu'il contient, ne peut plus jouer adéquatement son rôle qui est de porter l'oxygène aux tissus et de se charger de l'acide carbonique.

DIVERSES FORMES D'ANÉMIES

Les anémies par déficience en fer:

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Les troubles complexes du métabolisme du fer ont des effets sensibles sur la morphologie du globule rouge, que l'analyste signale dans son rapport hématologique aux item suivants:

Anisocytose: La concavité normale du globule rouge peut être accentuée, son diamètre normal de 7.2 à 7.5 microns, réduit. D'autre part, le volume peut être augmenté mais le diamètre fortement réduit, etc.

Poïkilocytose: L'hématie dont la résistance physique est amoindrie se différencie d'une hématie normale, par la déformation qui en résulte.

Hématies granuleuses: Anormalement, la matière basophile s'agglomère et apparaît sous forme de ponctuations plus ou moins ténues, lors de la maturation de quelques hématies. Elles indiquent une légère altération.

Polychromatophilie: La substance basophile des stades jeunes est significative. De plus, une diminution de l'hémoglobine est notée sous le nom "d'hypochromie," en se rappelant que la molécule d'hémoglobine — qui est une chromoprotéine — donne la couleur rouge du sang et contient 4 atomes de fer.

A quelles conditions peut être liée une anémie ferriprive? Elle évolue à la suite d'une alimentation pauvre en fer, d'une hémorragie chronique ou massive, ou d'une mauvaise absorption causée par des troubles gastro-intestinaux.

Les anémies par spoliation: L'organisme qui subit des pertes de sang par voie interne ou externe, développe un syndrome d'anémie. Pour une étude plus claire, examinons ce qui se passe lors d'une hémorragie massive qui, toujours très grave, peut entraîner la mort par perte considérable du volume sanguin total. Ces hémorragies font suites à des traumatismes que complique une rupture d'organe interne, ou une section d'artère, etc. S'il y a perte importante de globules rouges et de plasma, dans la période post-hémorragique l'anémie s'établit par dilution. L'équilibre plasmatique, ou volume sanguin total, se corrige assez tôt. Cependant les globules rouges, même avec possibilité active de régénérescence, ne passent que lentement dans la circulation. Exemple: Un gros vaisseau saigne à la suite d'un traumatisme; si l'hémostase s'opère rapidement, l'organisme fait appel à l'activité des centres formateurs pour rétablir la masse sanguine dans la marge de maintien physiologique. Dans d'autres circonstances, il est opportun suivant le degré d'anémie de suppléer à l'action de la moëlle par des transfusions dont les effets sont curatifs. Dans les cas d'ulcères d'estomac qui saignent, la thérapie de choix se porte vers les transfusions pour améliorer, dans un temps relativement court, le volume globulaire. Par cet apport de globules rouges, une intervention est pratiquée avec succès.

Ici, une parenthèse permet de grouper certaines maladies dont les pertes de sang sont imputables à des carences de quelques facteurs de la coagulation. Peuvent entrer en causes: les plaquettes, le fibrinogene, la vitamine K et autres facteurs fort complexes, lesquels sont encore mal connus mais faisant l'objet présentement de laborieuses recherches. Les tests usuels de laboratoire qui aident à dépister ces hémorragies sont:

Le temps de saignement
Le temps de coagulation
Le rétractilité de caillot
Le signe du lacet (fragilité capillaire)
Le compte des plaquettes (thrombocytes)
Le taux de prothrombine (vitamine K)

En poursuivant cette étude nous abordons, ci-contre, des formes d'anémies dont la pathologie est plus sévère.

Activité modérée ou Hyperactivité

Deux groupes retiennent l'attention:

a) *Les anémies hémolytiques* ou *anémies plastiques de causes extrinsèques*: Les globules rouges se forment normalement dans la moëlle, mais ils peuvent être détruits (hémolysés) dans l'organisme par des causes extrinsèques. Parmi lesquelles nous mentionnons:

Certaines formes infectieuses (septicémies à streptocoques hémolytiques)
Certains parasites (l'hématozoaire de la fièvre paludéenne)
Certaines intoxications par agents chimiques (plomb, teintures à l'aniline, sulfamidés, etc.)
Certaines substances sensibilisatrices (incompatibilité de groupes sanguins, facteur Rhésus, etc.)

b) *Les anémies hémolytiques de*

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causes intrinsèques:

La maladie de Banti (il existe apparemment une destruction trop rapide des globules rouges par la rate)

Les anémies hémolytiques congénitales

Certaines maladies exotiques (l'anémie falciforme, chez les noirs, l'anémie de Cooley, chez les méditerranéens)

De plus l'anémie pernicieuse par manque, dans le suc gastrique, du facteur intrinsèque de maturation des hématies, et les anémies de type pernicieux se rattachent à ce groupe.

Il est néanmoins à remarquer qu'à l'encontre des anémies causées par les hémorragies, ces malades, souffrant d'anémie pernicieuse, supportent assez bien une affection qui signe un chiffre moindre que 1,500,000 globules rouges avec un taux d'hémoglobine variant de 40 à 50%. Par l'étude du myélogramme — éléments de la moëlle osseuse — il est possible de reconnaître, sur frottis, l'état d'activité mégaloblastique. En une telle occurence, ces patients bénéficieront d'une médication anti-pernicieuse pendant toute la durée de leur vie. Le traitement adéquat, vitamine B_{12} ou acide folique ou les combinaisons, s'institue dans les quelques jours qui suivent le diagnostic.

Les Anémies de Forme Aplastiques

Les anémies de dénominations aplastiques et hypoplastiques orientent le clinicien vers un prognostic sévère.

Le globule rouge dans la circulation passe par les capillaires, se déforme, s'use contre les parois des vaisseaux et finit par mourir. Sa durée de vie est de 14 à 120 jours. On peut donc parler du rajeunissement constant du sang. On désigne par aplasie un manque de rajeunissement. Si la moëlle n'est plus apte à la production équivalente des éléments blastiques, le prognostic est des plus sombres. Un ralentissement de la régénérescence de la lignée rouge, s'observe plus fréquemment qu'une aplasie réelle. Une hypoplasie peut être causée par une toxi-infection, une médication toxique prolongée, des expositions aux rayons x, au radium, des substances radio-actives, etc.

Pour dépister ces états graves entre tous, le laboratoire est appelé à étudier dans le myélogramme, les formes-jeunes de la lignée rouge en suivant les stades de leur développement. Les hématies nuclées, les réticulocytes et la polychromatophilie sont aussi signalés dans le sang périphérique.

Il est à noter que chacune de ces données offre au médecin un tableau hématologique particulier et que des modifications apparaissent aux diverses phases de la maladie. Ces analyses se fixent dans le temps et les variations qui produisent éventuellement, justifient les examens de contrôles demandées en cours de traitement et suivant l'évolution.

Conclusion

En tant que fréquence, si l'on complie les anémies de première identité, et les anémies moyennes qui accompagnent toujours les maladies malignes, nous n'hésitons pas à concéder le fort pourcentage que les statistiques établissent. Il ne faut pas croire, toutefois, que la coloration des téguments soit un critère d'anémie. Si la pâleur du teint peut indiquer un cas de chlorose chez une jeune personne, nous pouvons aussi trouver chez les cardio-rénaux aux téguments décolorés, une formule sanguine normale; et, dans les états de chocs graves, nous décelons plutôt une polyglobulie purement mécanique.

Cet exposé est très peu élaboré en considération des connaissances à portée scientifique qui se relient à l'universalité du sujet.

De la compréhension des diverses manifestations de la maladie et de l'étude clinique du comportement du patient, découlent quelques raisons mêmes du nursing dans un mode efficace, de serviabilité.

Références

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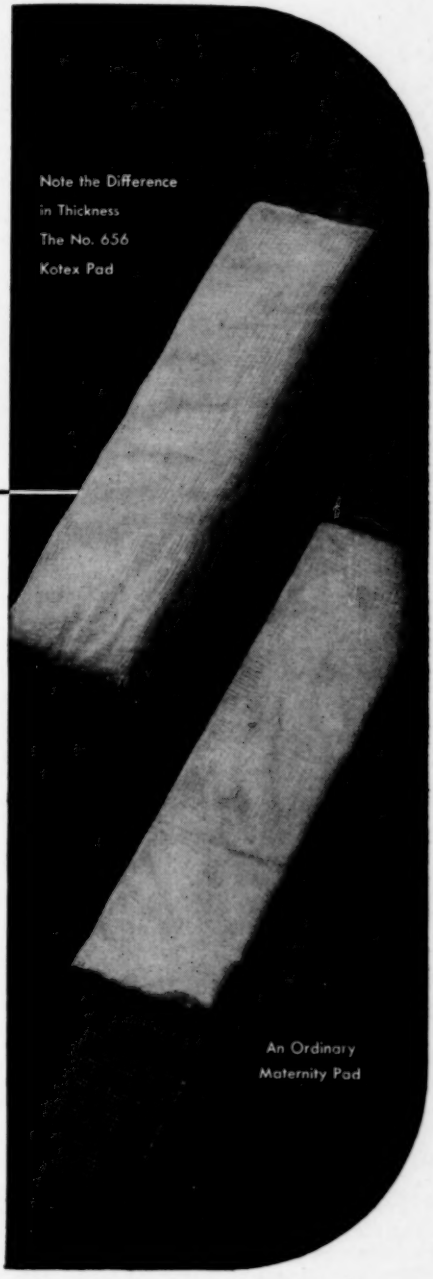

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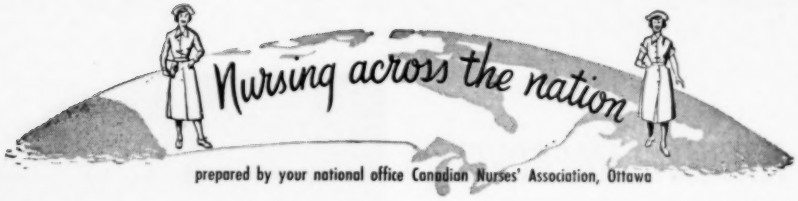

Registration Reaches New High

Sunny skies, pleasant weather and a total registration of 1390 made the 28th Biennial Meeting a memorable event. Some quick glimpses recall to mind the decidedly international flavor of our gatherings. Three charming Indian nurses, students of McGill School for Graduate Nurses were with us. Added to this were Miss Lucy Germain, vice president, American Nurses' Association; a former secretary of the Jamaican Trained Nurses' Association Miss Thelma Evelyn; Miss Marion West, deputy editor of the *Nursing Times;* a male nurse, Simon Singho, a Colombo Plan student at the University of Toronto.

Radio, Press and T.V.

A scene from "Toward Better Nursing," the dramatic presentation dealing with the Head Nurse Study and presented at the Biennial Meeting was recorded for the CBC program "Roving Reporter." Also interviewed for this program were our newly elected president, Miss Trenna Hunter of Vancouver; Miss Margaret Arnstein, U.S.P.H. Service, one of our guest speakers; Miss Annamma Cherian, soon to return to India; Miss Marion West of England; Mr. Albert Wedgery, Chairman of the Male Nurses' Committee of the R.N.A.O. This 15 minute program broadcast a week after the Convention was an interesting review of a busy week's activities.

In addition, we have so far (July 9) received over 70 press clippings describing the Biennial Meeting. A news release highlighting events to take place at this meeting was sent to all local newspapers with the names of the nurses attending. This initiated local stories in many communities. Winnipeg papers and Canadian Press "covered" the convention and newspapers across the country picked up the story of Canadian nursing.

Our Members Speak

Twelve hundred evaluation questionnaires were distributed at the Biennial Meeting. Two hundred and twenty-seven were returned. Of these only four reported the meeting as "average," the remainder rated it as excellent or good. A feeling of enthusiasm and friendliness prevailed and the membership felt on the whole that it had learned a great deal.

When asked for suggestions regarding the next meeting the response indicated that an historical pageant reviewing nursing over the past 50 years is favored.

It seems evident that the vast majority feel that guest speakers at a national meeting are preferable to workshops and group discussions which are more successful at the local level.

Many comments suggested that the Mary Agnes Snively Memorial Lecture be held earlier in the week due to the fact many members leave on the last evening of the convention. This special lecture honoring the founder of the CNA has become a tradition. It would seem this is one tradition that is worth adhering to. It is included and is preliminary to the impressive ceremony of the installation of officers and the address of the new president which sets the tone for the coming biennium. Perhaps more explanation of this event and earlier publication of the fact that the meeting closes following this ceremony is indicated. We shall bear this in mind.

More and earlier publicity regarding the program of our meetings is a suggestion to be followed.

We appreciate the time and effort spent filling out these questionnaires

"A 40% lower morbidity rate in the meat-fed group . . ."

Jacobs and George report a 40% lower morbidity rate in a meat-fed group of infants as compared to the control group not being fed meat. The findings also show "significantly fewer children in the meat-fed group who had illness." (Illness was defined as upper respiratory infections and gastrointestinal disturbances, the only illnesses that occurred during the period of study.)

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and will find these suggestions and the many others offered of great help in future planning.

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Public Relations Guide (Eng. & Fr.)	$1.00 ea.
Folios of Biennial Reports (Eng. & Fr.)	.50 ea.
Orientation Manual (Eng. & Fr.)	.25 ea.
"Toward Better Nursing" — script of dramatic presentation dealing with Head Nurse Study available upon request.	

On to the Future

"Into the Future Open a Better Way" the theme for the coming biennium chosen by president Trenna Hunter, is indeed most fitting. Taken from an address given by Mary Agnes Snively in 1908 it launches us on to the year 1958 and our Fiftieth Anniversary. Born in Ottawa in 1908 the CNA returns to celebrate its 50th birthday in our capital city.

Plans are already under way — our hostesses the R.N.A.O. and your National Office staff are presently finalizing reservations for our Golden Anniversary. The CNA has grown rapidly during these 50 years. Perhaps it will reach the 50,000 membership mark by '58. We need to think seriously of the part we will play in the future. Miss Hunter expressed this well in her Presidential address at the close of the Convention.

"Into the future open a better way." Almost 50 years later we are still searching for *"the better way."* Questions are being asked by the patient, by the medical profession, by the public, by ourselves as to whether we really are achieving a "better way" as far as nursing care goes. Our Association is approaching its 50th anniversary but nursing itself is as old as the human race. True we want to look back and to pay sincere tribute to those outstanding and devoted nurses who have made their contributions to nursing in the past, but our real task is to bend our energies to looking forward and to doing our share to preserve what is "true and honorable and of good report" and to develop what is needed in nursing in this changing world. Automation may replace hands in many areas of work but one can never envisage any machine that will replace the ministrations of a truly good nurse. Let us all, as members of the Canadian Nurses' Association, try to keep our minds on the future and see whether we can help to develop truly good nurses and thus "into the future open a better way"."

The Pilot Study

The Committee on Nursing Education recommended it, the Executive Committee accepted the recommendation, the General Meeting approved. Now all we have to do is find the ways and means of carrying out the pilot study on evaluation. It is planned that 20 schools of nursing offering diploma programs in basic nursing will be evaluated on a voluntary basis. From this evaluation the CNA will be able to judge whether Canadian schools of nursing are ready for a full program of evaluation and eventual accreditation. The selection of schools of nursing will be made from those that signify to their provincial associations their willingness to participate in the study. Subject to the approval of the Committee on Finance, suitable personnel will be sought and prepared, to carry out the project when the necessary financial backing has been procured.

N.B.A.R.N. Celebrates 40 Years

This is a year of note for New Brunswick nurses. Forty years ago legislation for nursing was passed.

In October the N.B.A.R.N. will celebrate this anniversary with a special program at its annual meeting. Particular emphasis will be placed on nursing education because of the study that has been undertaken during the past year by Miss E. Kathleen Russell, one of Canada's leading nursing educationalists. May we add our congratulations to the many that will be received and our good wishes for the future.

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Le Nursing à travers le pays

L'inscription atteint un nouveau sommet

Un ciel ensoleillé, un temps agréable et une inscription de 1390 membres ont fait du 28e Congrès biennal un événement mémorable. En regardant se dérouler les assemblées, leur caractère international se révèle à notre esprit; assistaient au congrès trois charmantes infirmières indiennes, étudiantes à l'Ecole supérieure des Infirmières de l'Université McGill. Mlle Lucy Germain, vice-présidente de l' "American Nurses' Association"; l'ancienne secrétaire de "The Jamaican Trained Nurses' Association", Mlle T. Evelyn; Mlle M. West, rédactrice adjointe du journal *Nursing Times,* et un homme ayant le titre d'infirmier (male nurse) dans son pays, M. Simon Singho, étudiant à l'Université de Toronto sous les auspices du plan de Colombo.

La presse, radio et télévision

Une scène de "Vers un meilleur nursing," une dramatisation se rapportant à l'étude des fonctions et des tâches de l'infirmière-chef à l'hôpital, présentée lors du congrès, fut enregistrée pour le programme "Roving Reporter" de la C.B.C. Les personnes suivantes furent interviewées. La nouvelle présidente élue, Mlle Trenna Hunter de Vancouver; Mlle M. Arnstein du Service de l'Hygiène Publique des Etats-Unis, l'une de nos conférencières; Mlle A. Cherian, qui doit prochainement retourner aux Indes; Mlle West, d'Angleterre; et M. Albert Wedgery, président du Comité des "male nurses" de l'Association des Infirmiers de l'Ontario. Ce programme d'une durée de 15 minutes, présenté huit jours après le congrès, fut une revue intéressante des événements d'une semaine très chargée.

Nous avons reçu à date plus de 70 découpures de journaux, se rapportant au congrès. Une initiative du congrès fut d'envoyer aux journaux des diverses localités le nom des infirmières de la région assistant au congrès. Ce fait fut souvent le point de départ d'un article dans le journal. Les journaux de Winnipeg et la Presse Canadienne donnèrent le compte-rendu du congrès et les journaux du pays furent ainsi mis au courant de l'histoire du nursing au Canada.

La parole est aux membres

1200 questionnaires, portant sur la valeur du congrès, furent distribués. 227 furent retournés. Quatre seulement ont évalué les assemblées comme "ordinaire"; les autres les évaluèrent "excellente ou bien." Les membres sont tous unanimes sur l'esprit amical régnant parmi les congressistes et sur le fait que le congrès leur avait appris bien des choses. A la question demandant de faire des suggestions pour le prochain congrès biennal, il semble qu'un pageant historique sur les 50 dernières années soit en faveur.

Plusieurs commentaires furent faits sur la conférence en mémoire de Agnes Snively. L'on suggéra qu'elle ait lieu plus tôt dans la semaine, car plusieurs membres sont obligés de partir le dernier soir du congrès. Cette conférence en l'honneur de la fondatrice de l'Association des Infirmières Canadiennes est devenue une tradition et une tradition qu'il faut conserver. Au début se déroule l'impressionnante cérémonie de l'installation des dignitaires et la nouvelle présidente, dans son adresse, indique la marche à suivre durant les deux prochaines années.

Il se peut que plus d'explications à propos de cet événement clôturant le congrès soient indiquées. Nous y repenserons. Une plus grande publicité au sujet du programme, faite plus tôt, est une autre suggestion que nous mettrons en pratique.

Ces suggestions et d'autres qui nous furent faites nous aideront beaucoup et nous remercions les personnes qui ont pris le temps et fait l'effort de répondre à ce questionnaire.

Pour l'avenir

"Ouvrir un meilleur chemin vers l'avenir," voilà le thème choisi par la présidente, Mlle Trenna Hunter, pour les deux prochaines années, et il convient bien. Il est extrait d'une adresse que prononçait Mary Agnes Snively en 1908, thème qui nous a conduit jusqu'à 1958, année marquant le cinquantenaire de l'A.I.C. Née à Ottawa en 1908, l'A.I.C. célébrera dans sa ville natale son 50e anniversaire.

Des projets sont déjà élaborés; notre hôte sera l'Association des Infirmières de la province d'Ontario. Au secrétariat national l'on termine les démarches pour la réservation des salles pour notre Jubilé d'or. L'Association des Infirmières Canadiennes a augmenté depuis 50 ans; nous serons peut-être 50,000 en 1958. Il faut penser sérieusement au rôle que nous jouerons dans l'avenir.

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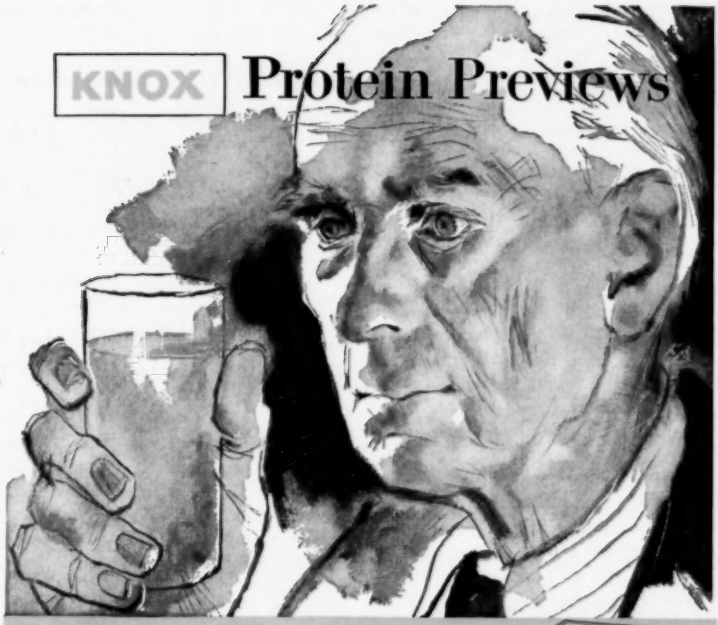

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Mlle Hunter a bien parlé dans ce sens le discours qu'elle prononcait lors de la dernière séance du congrès.

"Ouvrir un meilleur chemin vers l'avenir?" Après 50 ans, nous cherchons encore "un meilleur chemin." Les malades, les médecins, le public et nous-mêmes, nous nous demandons si vraiment nous avons trouvé un "meilleur chemin" dans le soin donné aux malades. Notre Association célébrera son 50e anniversaire, mais le nursing est aussi vieux que le monde. Nous voulons jeter un regard sur le passé et rendre hommage aux infirmières illustres et dévouées qui ont contribué au nursing de leur temps. Notre véritable tâche est de tendre toute notre énergie vers l'avenir et faire notre part pour conserver "ce qui est vrai, honorable, de nature à augmenter notre réputation" et de développer ce qui est nécessaire au nursing dans un monde en pleine évolution. L'automatisation peut remplacer les mains dans bien des domaines du travail mais personne ne peut s'imaginer une machine remplaçant les soins dévoués d'une bonne infirmière. Tous, comme membres de l'Association des Infirmières Canadiennes, essayons de penser à l'avenir et voyons si nous ne pouvons aider à former de véritables bonnes infirmières et ainsi "ouvrir un meilleur chemin vers l'avenir."

Traduction simultanée

Un autre événement du congrès fut la traduction simultanée; au fur et à mesure que se déroulaient les débats, les membres de langue française, les écouteurs aux oreilles, les entendaient se répéter dans leur propre langue. A souligner aussi, la belle présentation bilingue du programme et des fascicules publiés par l'A.I.C.

Dignitaires de l'A.I.C. 1956-1958

Présidente — Mlle Trenna Hunter, directrice en Hygiène Publique du "Metropolitan Health Committee" de Vancouver, B.C.

1ère Vice-Présidente — Mlle Alice Girard, Directrice du Service du Nursing, Hôpital St-Luc, Montréal.

2e Vice-Présidente — Mlle Helen Carpenter, Professeur adjointe, Ecole d'infirmières universitaire de Toronto, Ont.

3e Vice-Présidente — Mlle Electa MacLennan, Directrice du Nursing, Université de Dalhousie, Halifax, N.E.

A votre disposition au Secrétariat général

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Le rapport biennal (Fr. et angl.)	.50 l'unité
Manuel d'orientation (fr. et angl.)	.25 l'unité
"Vers un meilleur nursing" — texte de la dramatisation de l'Etude sur les fonctions et les tâches de l'infirmière-chef à l'hôpital — sur demande.	

Projet d'accréditation

Le comité de l'Education en Nursing a recommandé l'accréditation d'un certain nombre d'écoles d'infirmières à titre d'essai, en vue de fournir un bon échantillon de la valeur de nos écoles d'infirmières au Canada; le comité Exécutif a accepté cette recommandation et l'assemblée générale l'a approuvée. Maintenant, il nous reste à trouver les moyens de faire cette étude. Le projet consiste à évaluer 20 écoles d'infirmières offrant différents programmes du cours de base. Les écoles seront libres d'accepter ou de refuser l'évaluation. Après cette étude, l'A.I.C. pourra juger si les écoles d'infirmières du Canada sont prêtes à participer à un programme général d'évaluation et, éventuellement, d'accréditation. Le choix des écoles sera fait par les associations provinciales parmi celles qui auront témoigné leur désir de participer à l'étude. Avec l'approbation du comité des Finances, un personnel adéquat sera choisi et préparé pour conduire à bonne fin ce projet lorsque les argents nécessaires auront été trouvés.

Difficulties can be creative. The adjustment made to them may open up a whole new way of life. Those who see only the difficulties, see nothing but cause for complaint or for despair. Those who see the difficulties as opportunities — all the more dynamic for having the force of necessity behind them — will not wish to turn aside from them, but will go on, with confidence alike in themselves, and in the future of nursing. — *Selected*

* * *

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(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

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Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

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Dans un département d'obstétrique, les accouchées succèdent aux accouchées, et le mal de la dernière ressemble étrangement au mal de la première. Nous ne devons cependant pas oublier que pour chacune qui revient de la salle de délivrance, c'est une aventure personnelle, merveilleuse sans aucun doute, mais combien pénible et douloureuse dans la majorité des cas. Chacune peut seule savoir l'amplitude des émotions qu'elle a connues. Elle en est encore toute vibrante lorsque nous la recevons au département. Sans être en mesure d'exprimer les sentiments qu'elle ressent, sans savoir expliquer la situation physique et morale dans laquelle elle se trouve, la nouvelle accouchée n'en a pas moins le besoin d'être comprise.

Qui, mieux que l'infirmière, dont la première qualité est d'être attentive aux besoins de ses patients, peut comprendre cet état d'esprit de la nouvelle maman que l'on a confiée à ses soins? Cette compréhension, cette sympathie de l'infirmière se manifeste d'abord dans l'accueil chaleureux, affectueux même qu'elle fera à la nouvelle venue. Comme doit sembler pénible à la patiente

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un accueil dépourvu de chaleur, pouvant lui donner l'impression qu'elle est de trop, qu'elle arrive mal. Elle a tant besoin d'oublier le côté pénible pour être toute à la joie de posséder enfin son enfant.

Son court séjour à l'hôpital représente souvent pour la mère de famille, le seul temps pendant lequel elle se reposera vraiment, abandonnant à d'autres mains le soin de son bien-être physique et moral. C'est donc de l'infirmière qu'elle attend les traitements et les mille petits soins physiques, installations confortables, repas bien servis, ordre, propreté autour d'elle. C'est également à l'infirmière qu'elle confiera souvent ses inquiétudes, ses problèmes, ses soucis de toutes sortes. Elle en fera sa confidente, comptant sur sa discrétion.

L'infirmière consciente de son rôle répondra à la patiente dans la mesure où elle saura être vraiment attentive et sincèrement humaine.

Etre humaine pour nous, dans les cas qui nous occupent actuellement, c'est s'assurer que la mari est prévenu de l'arrivée de sa femme à la chambre qu'elle occupera, c'est recevoir la famille avec gentillesse.

Etre humaine pour nous, c'est s'intéresser à l'enfant, c'est vouloir le connaître c'est accepter sans mauvaise humeur la visite quotidienne qu'il fait à sa mère, même si cela dérange notre plan de travail. Laissons à la maman toute la liberté de caresser son bébé, de lui parler, de le contempler, effaçons-nous discrètement. Respectons chez nos patientes ce droit d'aimer qu'elles ont acquis si chèrement.

Etre humaine, c'est encore admettre que certaines patientes mettront plus de temps à se rétablir et réclameront davantage nos soins.

Etre humaine, enfin, pour l'infirmière, c'est aimer sincèrement ces êtres que la maternité élève au-dessus d'elle-même.

CARMEN CALVÉ, *étudiante infirmière*
Extrait de *L'Amie*, journal des étudiantes infirmières de l'Hôpital Général de la Miséricorde.

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Book Reviews

Selected Writings of Florence Nightingale, by Lucy Ridgely Seymer, M.A. (Oxon.) S.R.N. 397 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2, Ont. 1954. Price $5.00.

Reviewed by Miss Agnes J. MacLeod, Director of Nursing Services, Treatment Division, Dept. of Veterans Affairs, Ottawa, Ont.

Like her other publications this latest book will have great historical value for all students of nursing. Much of its content is available to the modern reader for the first time and we owe a debt of gratitude to the author for this compilation in one volume of Florence Nightingale's most valuable writings.

It contains nine works in all, arranged chronologically, which were written after Florence Nightingale returned from the Crimea during the years 1858-94. Introductory statements have been inserted before each one, in order to recall the circumstances under which each one was written and to indicate its particular significance. Other than this the actual text has not been "edited" as it was felt "that Florence Nightingale should be allowed to speak for herself and her writings be judged on their intrinsic merit."

The main theme in all Miss Nightingale's work was how the conditions of the sick and the poor, at home and abroad, could be improved. The training of nurses and their introduction into all organizations attempting to care for or supervise the health of the sick poor in the city or rural community was her aim. One cannot help but wonder how much better nurses and the profession would now be, if more of her followers had stood out more firmly for the basic principles which she enunciated for school of nursing organization and for medical-nursing relationships.

To the more senior professional nurse, be she director of nursing, teacher, supervisor or head nurse, this book is fascinating reading. Any nurse who has served with the Active Forces should not fail to compare the first article in this book with her own experiences in order to judge how far we have progressed in the past hundred years. To the young nurse and student, much that Florence Nightingale lays down as regulation will seem unduly severe. Yet no one will fail to see the honest searching, the great humanity, as well as the tremendous

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drive behind all her endeavor to improve the world in which she lived.

Textbook of Pharmacology and Therapeutics by Harold N. Wright, M.S., Ph.D. and Mildred Montag, Ed.D., R.N. 557 pages. W. B. Saunders and Company, Philadelphia and London. 6th Ed. 1955. Price $4.75.

Reviewed by Mrs. Helen Rawlings, Caughnawaugha, P.Q.

The book is divided into units each dealing with drugs and their action on specific areas. The authors' purpose is to bring the study of new drugs up-to-date and the book is well interspersed with diagrams and charts for easy reference.

The first unit deals with orientation to pharmacology and therapeutics, how drugs are administered, their pharmacologic basis, their action and classification. Each drug is dealt with individually as to the dosage, method of administration, duration of use and effects, both useful and toxic. Drugs are classified according to their action on the different systems of the body. Vitamins, enzymes, hormones and antihormones are fully discussed as to their action and source as well as their therapeutic uses. Poisons

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By Mary Louise Brown, in association with J. Wister Meigs, both of Yale University School of Medicine. Here is a top-ranking new book for nurses in industry and for teachers and students in schools of nursing. Miss Brown is an unusually well-qualified author. Before her five years of teaching at Yale, she was herself an industrial nurse for nearly ten years. Dr. Meigs' assistance is important in defining doctor-nurse collaboration in an industrial set-up. $5.50

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are classified under two types: Domestic poisons and treatment as found mostly in homes; industrial poisons which take in those caused through inhalation of gases and vapors.

Other units deal with the anti-infective drugs, drugs acting on skin and mucous membranes, drugs acting on the nervous system, cardiovascular system and blood, and drugs acting chiefly on the smooth muscles of the gastrointestinal, urinary, respiratory, and reproductive tracts. One unit is devoted to the therapy of neoplastic diseases.

A chapter discusses legislation in regard to the use of drugs in the United States. Another chapter outlines pharmacology from 5000 B.C. up to the present time. Canadian drug legislation, which was written by Charles Nash, B.Sc., Ph.D., an associate professor of Pharmacology of the University of Alberta, is discussed under historical development, Food and Drug Act, the Opium and Narcotic Act, the Proprietary or Patent Medicine Act and the Pest Control Products Act.

The book serves the purpose of an interesting informative text. Due to its good index it is also valuable as a reference book.

Introduction to Psychiatric Occupational Therapy, by Gail S. Fidler, O.T.R. and Jay W. Fidler, M.D. 200 pages. The Macmillan Co. of Canada, Ltd., 70 Bond St., Toronto 2, Ont. 1954. Price $4.00.
Reviewed by Miss Judith Kingsford, Instructor, Ontario Hosp., St. Thomas, Ont.

The author of this book has defined his chief objective clearly which is to integrate the occupational therapist as a member of the psychiatric team by using her trained knowledge of non-verbal activities. Her work then has a "treatment centred" rather than a "product centred" objective.

Concise, easily assimilated language has been used to describe the occupational therapist's training. Where psychiatric terminology is used, a full explanation is included for the lay reader. The book's content has been divided into nine sections which include a definition of occupational therapy, the functions of the therapist, case histories and progress notes. The general principles of occupational therapy are well outlined stressing the dynamics, the emotions and personalities of the individuals concerned — the patient and therapist. Ideas expressed are not always too practical for the large institution, e.g. "Prescription of Activity" written by the attending doctor. This has

advantages which would benefit a newly admitted or chronic regressed patient but follow-up would appear difficult with many patients.

The use of progress notes is suggested and the advantages of doing so either with patients who are mentally ill or those with physical conditions can be seen. The author stresses that suiting the activity to the patient's mood responses is the goal of the therapist. Thus the patient can give vent to his emotions in an environment where controls are enforced only as necessary.

In summary, this is a book that should appeal to anyone in the field of learning. It is written clearly and case and interest histories are used to illustrate as necessary. The importance of coordinating and parallelling occupational therapy with other treatment in psychiatry is emphasized rather than looking upon it as diversional activity.

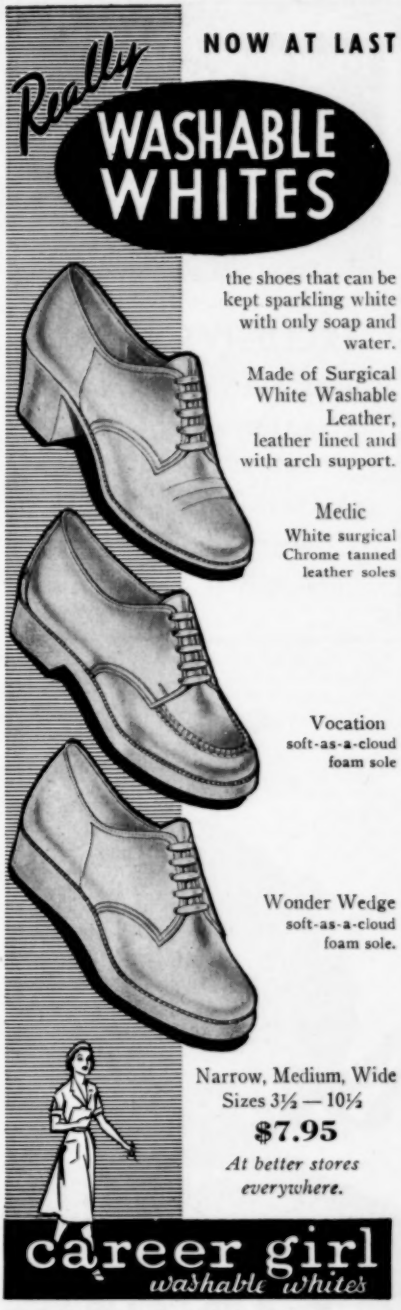
Understanding People in Distress, by Barney Katz and Louis Thorpe. 351 pages. The Ronald Press Company, 15 East 26th Street, New York 10, N.Y. 1955. Price $4.00.

Reviewed by Mrs. E. L. Brooks, Psychiatric Division Shaughnessy Hospital, Vancouver, B.C.

Two renowned psychologists have made a worthy attempt to bring to the attention of the public the causes, symptoms and treatment available for those in mental distress. Their aim of showing that this affliction need no longer be regarded with an air of mystery has been ably fulfilled. Throughout the book they deal with the concept of stress and use this as the basis of all mental illness.

The authors give simple explanations and illustrative case reports of varied emotional and mental disorders ranging from mild frustrations to a complete mental breakdown. They discuss sociological factors in which cultural aspects are brought in as additional causes of distress. A clearer perception of mental illness is afforded with a hopeful outlook for the individual afflicted. The understanding acceptance by those surrounding him will be aroused.

Considerable space is devoted to the neuroses. They are the results of inadequate satisfaction of basic needs. It is impressed on the reader that somatic symptoms are real, the pain and suffering intense. Other chapters deal with delinquency and crime, drug addiction, alcoholism and unusual sexual behavior. It is felt that these problems arise from emotional conflicts and insecurity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in childhood and adolescence. Various types of psychoses, their causes and symptoms, together with modern methods of treatment and prevention are also discussed.

This book is intended for the student of human relations. In very simple language it deals with the symptoms and possible results of mental illness rather than the dynamics of psychiatry. As an introductory text it is invaluable.

The Practical Nurse and Her Patient, by Fern A. Goulding, R.N., M.S. and Hilda M. Torrop, R.N., B.S. 319 pages. J. B. Lippincott Company, 4925 Western Ave., Montreal 6. 1955. Price $4.25.

Reviewed by Miss E. Groenewald, Director, Montreal Central School for Nursing Assistants, Queen Mary Veterans Hospital, Montreal.

Here is a valuable fund of information, not only for the trained non-professional member of the nursing team but for anyone caring for infants, children, the aged or the sick in the hospital or the home.

The 28 chapters of the book discuss important points underlying basic nursing care and skills in the field of the practical nurse and offer helpful suggestions to assure total care of the patient. References, which give the actual steps of the nursing procedures discussed are listed at the conclusion of each chapter. Especially fascinating is the chapter on "Diversions for the Sick" which contains a wide range of suggested mental and physical activities for convalescent patients of all ages and with varied tastes.

The alphabetical arrangement of data as given in the sections on methods of stain removal and administration of first aid to the injured; the tables for food selection and the 45 appropriate illustrations are some of the factors which make the book a useful, quick and handy reference.

With a relaxed simplicity and clarity of style and by using a positive practical approach throughout, the authors have prepared a text that is authoritative and inspiring.

* * *

A new film "The Patient is a Person" has just been made available for use by medical personnel and organizations. The film explores the attitudes of fear which many patients exhibit on entering the hospital. It suggests techniques of non-medical care which may help to allay these fears and contribute to the patient's rapid recovery. The film may obtained from the American Medical Association or the American Hospital Association.

Scientists Probe Foot Health

The foot comfort and health of future generations is being assured by the work of a group of scientists at a block of modern laboratories in a small English country town. Described in a U.S. trade journal not long ago as the "World's Top Shoe Research Centre," it is the British Boot, Shoe and Allied Trades Research Association (better known in the trade as Satra) at Kettering in Northamptonshire.

While appearance, protection, weather resistance are all important, comfort in the widest meaning of the term is put first. And comfort is not just a matter of finding a shoe that does not pinch or restrict the foot; physiological comfort has to be considered so that the feet are neither too hot nor too cold and are not made subject to excessive perspiration. They must also be orthopedically comfortable — that is to say, they must not harm the wearer's posture.

Thus, research undertaken by Satra delves into all aspects of the shaping of the shoe and the materials from which it is made. Their findings apply equally well to overseas countries inhabited by people of European descent. (A survey of the foot characteristics of the British and U.S. armies revealed no fundamental differences.)

Prescribing the kind of shoes that people should wear means, first of all, finding out just what the human foot has to put up with throughout its life. To do this, thousands of feet of all kinds and sizes were accurately measured and from this a number of lasts was produced on which shoes can be made that will fit practically every type of wearer. This precision grading has considerably simplified shoe sizing.

A particularly important part of the Association's work has been in the research carried out into children's shoes, and their findings have done much to awaken interest throughout Britain in the problems involved. Unfortunately a child's bones are so soft that the young wearer cannot tell whether a shoe is too tight or not. The results appear later in life in the form of bunions and other deformities. Now a series of lasts for children of different ages is helping to eradicate these troubles.

In order to test the qualities of shoes, Satra adopts the simple but effective expedient of trying them out on local schoolboys, postmen, bus conductors and industrial workers. In addition, a number of ingenious

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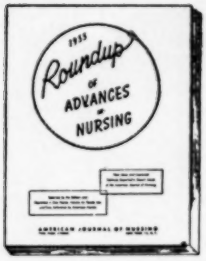

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machines in the laboratories have been designed to simulate various kinds of treatment. There is, for example, a machine that drops a heavy weight on the reinforced toecap of a safety boot while a device measures the moment of maximum depression. There is a machine that simulates walking, and another that flexes soling materials. There is also an impact tester for steel shanks as well as a shoe bumping machine which applies repeated hammer blows to the sole.

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The knowledge that is being built up day by day in Kettering is invaluable, particularly when worn shoes are returned because they have failed in some way to satisfy their owners.

There was one query from the Trinidad oilfields where workers' boots were wearing out much too quickly because of oil and chemical splashes. Another came from the gold fields of South Africa. In the latter case Satra tackled the problem of wear by analyzing the soil on miners' boots.

Probably the most famous boots ever designed by the Association were those used

by the triumphant 1953 Everest Expedition. After the conquest of the world's highest mountain, the leader, Sir John Hunt, wrote to Satra — "the boots were a great success and were worn constantly by all the party from 20,000 feet upwards."

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One good way to save face is to keep the lower half of it shut.

* * *

National Immunization Week, which will be observed starting September 23, is an annual reminder. This event is part of the continuous campaign carried on by official health departments against those communicable diseases which can be controlled by immunization. Smallpox, diphtheria, whooping cough, tetanus and poliomyelitis form the list of diseases in question. Canada possesses a good record in the control of these conditions. Smallpox is practically nonexistent and the incidence of diphtheria is greatly diminished. Neglect in taking advantage of immunization measures could easily mean that diphtheria could again become prevalent. Whooping cough is still a serious disease with 13,682 cases reported in 1955.

During National Immunization Week the Health League of Canada, in cooperation with departments of health throughout Canada, will try to inform every Canadian citizen of the reason why immunization is so necessary. It is hoped that thousands of parents will see to it that their children are protected now and in the future.

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The 1956 Fall Examinations for Provincial Registration will cover two groups of candidates, and will be held as follows:

Examinations for Registration — Part II:

Graduates desiring to qualify for a license to practise will write on *November 19th, 20th and 21st, 1956.* Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school.

Applications must be received by October 15, 1956.

Examinations for Registration — Part I:

Students who will have completed their first year will enter the Examinations for Registration, Part 1, which will be held on *October 22nd, 23rd, 24th and 25th, 1956.*

(Time to be announced in each school.)

Applications must be received by September 18th, 1956.

For application forms and all information relating to the examinations, apply to the headquarters of the Association.

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News Notes

ALBERTA

DISTRICT 3

BANFF

The Bursary Committee has decided to postpone the time of its award until September when final school results have been obtained. The student receiving the bursary is to be given a suitable book as a gift from the Chapter.

CALGARY

The Chapter members agreed to notify two hospitals that bursaries are available for students since the Bursary Account has sufficient funds for this purpose. A supper meeting is planned for October in Holy Cross Hospital auditorium.

Holy Cross Hospital

The classes of '50 and February, '53 held reunions during the earlier part of this year. Mrs. (Michaluk) Saluk recently joined the hospital staff. M. Nickols is joining the staff of the General Hospital while D. Humphries has returned to her home school. Lieut. A. C. (Rimmer) Stillinger has been transferred from California to a naval hospital in Italy. Sr. Nadeau has returned to the staff as head nurse on St. Marie's ward. S. McBeath is working at Galt Hospital, Lethbridge. G. Munro has enrolled for the postgraduate course in obstetrics at Margaret Hague Hospital, Jersey City, N. J. F. Tenant recently assumed the duties of public health nurse and Mrs. (Hutton) Jaques is now supervisor on St. Anne's ward. The 50th anniversary of the school of nursing will be observed late in 1957. A reunion of alumnae members is being planned as part of the celebration with Mrs. (Wannop) Brown in charge of arrangements for this particular event.

OLDS

Regular meetings are to be resumed in September under the leadership of Mrs. B. Galvon with M. Kirker serving as secretary-treasurer. It is hoped that films and lectures on modern nursing techniques can be included in the program as well as refresher subjects.

VULCAN

Home nursing classes have been completed and equipment kept on hand for possible future use. Members practised various methods of artificial respiration under the direction of Lundy Findlay, their June guest speaker.

District 8

Lethbridge

A new rehabilitation centre is to be opened shortly and members have volunteered their assistance for that day. Miss Prowse, representing the student nurses, was guest speaker at the June meeting and reported on the student's convention in Banff. Miss Griffin was the official delegate to the Biennial Convention.

BRITISH COLUMBIA

Chilliwack

The Enid Chadsey Bursary was presented by I. Brown, chapter president, to A. Stark. Miss Stark plans to start her professional training at the Vancouver General Hospital this fall. A vote of thanks was extended, at a recent meeting, to Mrs. H. Bersea and Mrs. E. Penner for their untiring efforts in arranging for the successful Novelty Tea held early in the year. A district meeting was held in July with members of this chapter acting as hostesses.

Nanaimo

Two bursaries have been awarded by this chapter to graduates of the local high school who have chosen to enter nursing. A Bursary Tea is to be held in October to raise funds for similar presentations. The June chapter meeting took the form of a dinner meeting.

Penticton

J. Appleton was hostess at a buffet supper when chapter members met in June. Mrs. A. Mason was in the chair for the business session. The semi-annual meeting of the Kamloops-Okanagan district will be held on October 19.

Mrs. V. Crittenden attended the Biennial Convention as official chapter delegate. A sucessful home cooking sale netted $65. Dr. Kathleen Ellis presented the Kathleen Ellis Bursary to L. Christian who plans to enter the Vancouver General school of nursing next February. This bursary is awarded by the chapter to an outstanding high school graduate choosing nursing as a career.

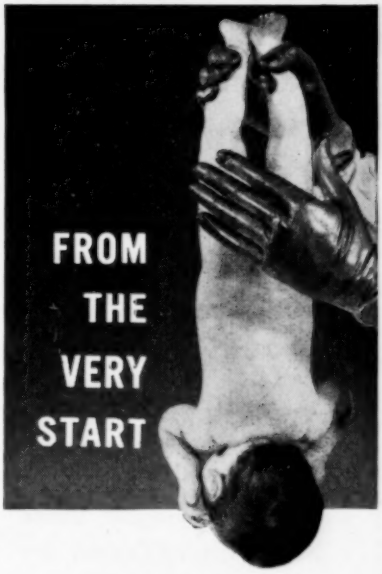
MANITOBA

St. Boniface

St. Boniface Hospital

Graduation exercises were held late in May in the playhouse Theatre. The award winners included: P. Fee, alumnae scholarship; J. Bollen, general proficiency; A. Forest, bedside nursing; E. Green, theory; L. Elmhurst, executive ability; G. Besel, school citizenship.

Graduates visiting their home school after a prolonged absence will find many interesting physical features in the new wing. The division includes a modern postanesthe-



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sia department, surgical recovery room and emergency department. A cobalt bomb is housed in the enlarged radiation therapy unit which is administered by the Manitoba Cancer Institute. The old division of the hospital is to undergo complete renovation and when accomplished will bring the hospital capacity to 750 beds.

NEW BRUNSWICK

FREDERICTON

Forty members motored to Nashwaaksis and enjoyed a turkey dinner served by the Women's Auxiliary of St. John's church as part of their June meeting. A short business session was conducted by Mrs. H. H. MacLeod, the new president. I. Richards, who spent some time in England on a Beaverbrook scholarship, was an entertaining guest speaker.

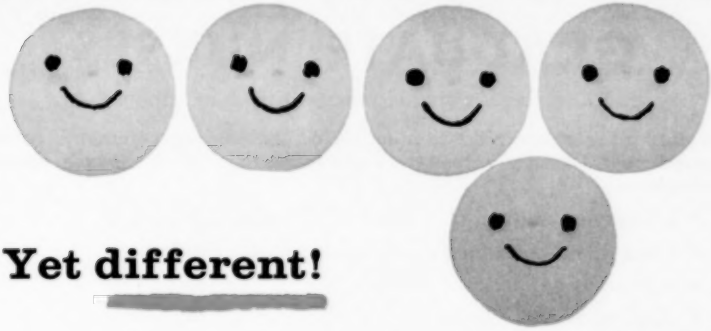
MONCTON

Miss Mildred Walker, nursing consultant in Occupational Nursing, Dept. of Health and Welfare was a guest speaker at one chapter meeting. She extended a cordial invitation to members to attend the institute on "Communications — a Factor in Good Public Relations." This institute proved to be most successful. A symposium, "Nursing Aspects in Rehabilitation and Care of the Chronically Ill" was presented by D. Steeves, C. Donovan and R. MacKenzie.

E. Larracey has returned to the Hotel Dieu following completion of her course in teaching and supervision at Dalhousie University. M. McCallum, Moncton Hospital, successfully completed a course in pediatric nursing at University of Toronto. M. Hollenbach and K. Richardson attended the institute conducted by Dr. Bixler at Dalhousie University earlier this year. Those who attended the Biennial Convention included H. Hayes, L. Good, R. Hartt, M. Matchett, K. Richardson, Mrs. D. Van Buskirk, Mrs. I. Bourgois, A. Bourque. J. Howland represented the student nurses of Moncton Hospital. Miss M. Archibald, executive secretary-treasurer, was the guest speaker at the last meeting for the spring and summer months. She gave an interesting description of the work of the provincial office staff.

NEWCASTLE

Miss Muriel Archibald, secretary-registrar, N.B.A.R.N., addressed members attending the annual dinner meeting of Miramichi Chapter. The 1956 graduates of Miramichi and Hotel Dieu hospitals were honored guests. Miss Archibald stressed the importance of provincial registration noting that the efforts of a group are always more productive than those of an individual in achieving the aims of nursing. She gave detailed information in relation to registration in the province, explained the relationship to national and international organizations and discussed the steps necessary in transferring from one province to another.



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Same smooth texture! All enriched with iron, calcium and B-vitamins. Difference in Gerber Cereals (5 to choose from) is flavor! Rice, Barley, Oatmeal, Wheat and Mixed Cereal to give you prescriptive latitude for the infant starting on solids.

Gerber Baby Foods

NIAGARA FALLS, CANADA

Miss E. MacDonald thanked the speaker.

ONTARIO

District 4

Niagara Falls

The 1956 graduates of the local General Hospital and St. Catherine's General Hospital were guests of honor at the annual picnic meeting of district members. There were over 100 in attendance at Queenston Heights. Mrs. E. Lynn presided over the meeting and Mrs. E. Metler was in charge of arrangements for the event.

District 5

Toronto

General Hospital

J. McKay has returned to the staff as an instructor in the surgical division. She recently completed postgraduate study at the University of Western Ontario. J. Ives, M. Markle, B. Morrison and M. Drew attended the Biennial Convention. L. McKinnon has accepted the position of residence supervisor. D. (Nichol) Rotz is a plant nurse with General Electric while N. (Gammon) White holds a similar position

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Excellent opportunity for someone interested in operating an established business. Equipped throughout for sixteen (16) patients.

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GRADUATE NURSES

Considering locating in Metropolitan Toronto

Enquire now concerning September & October appointments in enlarged new 125-bed suburban Toronto hospital. Advantages offered include: —

- Congenial working conditions of a smaller city hospital.
- Convenient public transportation to downtown Toronto.
- Attractive residence accommodation, if desired.
- Appointment to service of your choice.
- Good personnel policies with above average salary schedule.

Supervisors — $260 increasing to $310
Head Nurses — $245 increasing to $295
General Duty — $225 increasing to $275
Extra allowances for postgraduate training.

Apply Director of Nursing:

HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST., WESTON
TORONTO 15, ONTARIO

with McLean-Hunter. B. Hudson plans to work in England. N. Lee is head nurse on Ward G, female division. L. Roberts and J. Enright have completed postgraduate study at U. of T. and returned to staff positions. A. Powell is presently in England taking a course in midwifery. N. Westgate has gone to the North West Territories for a 3-year period. She will be stationed first at Coppermine for a few months before assuming the position of matron of St. Luke's Hospital, Pangnirtung, Baffin Island. J. Shears has joined the R.C.N. and is stationed at H.M.C.S. Naden, Esquimalt, B.C. G. Walker returns to McGill University this fall to complete postgraduate study before resuming her duties with the R.C.N. F. McGarry is doing industrial nursing with the Christie Bread Co.

Western Hospital

G. Sharpe and G. Saunders attended the Biennial Convention in June. M. Steed recently assumed her duties as assistant director of nursing service at the Kitchener-Waterloo Hospital. M. Thomas retired early in the year to her home in Newmarket. J. MacDonald has enrolled for postgraduate study at McGill University.

Women's College Hospital

Approximately 114 honored guests and alumnae members enjoyed the annual party for the graduating class of 1956. S. Shepard proposed the toast to the graduates and the reply was given by D. Stephenson. Mrs. G. Graham brought greetings from the Board of Governors and Dr. M. Davis from the medical staff. The classes of '30, '31 and '32 enjoyed a reunion weekend earlier this year. A buffet supper at Vi (Kidd) Slater's home, a supper party at Grace (Varley) Reynolds, a tour of the new wing of the hospital and Burton Hall, and social evening were greatly enjoyed by all attending.

The class of '40 also enjoyed a reunion of nine of their members. Helen (Angus) Christie was a guest of honor. A. (Davis) Derbyshire is presently taking a refresher course at Buffalo General Hospital. E. (Thomas) Foster has returned to Canada from Rhodesia on furlough.

SASKATCHEWAN

SASKATOON

St. Paul's Hospital

A construction grant from the federal and provincial governments has made possible completion of the top floor of the school of nursing. This will make provision for 30 bedrooms for student nurses, an extra classroom, a demonstration room and increased library facilities. It is hoped that the project will be completed before the arrival of the fall class of students.

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Graduate Nurses wanted for All Departments
Good Pay with Advancement
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Superintendent of Nurses (1). Salary: $275 per mo. **Graduate Nurses (2).** Salary: $225 per mo. less $40 per mo. room, board & laundry. 28-bed hospital, pleasant surroundings, 5 mi. from U.S. border. 40-hr. wk., 4 wk. vacation after 1 yr. service. 1½ days sick leave per mo., yearly accumulative. Nice nurses' residence. Apply The Grands Forks Community Hospital, Grand Forks, B.C.

Matron for 26-bed, 4-bassinette hospital. Duties to commence Nov. 1 or earlier. Staff of 9. Salary $275-$325. Residence accommodation $15 per month; board $35 per month or .50 cents per meal. 28 days vacation after 1 yr. B.C. registration required. Located at beautiful Pender Harbor, 4 hrs. from Vancouver by thrice daily bus. Apply, enclosing photo and giving details of age, training, qualifications and experience to Administrator, St. Mary's Hospital, Garden Bay, Irvine's Landing P.O., B.C.

Director of Nurses for 38-bed hospital. Situated on Hope-Princeton highway. Suite in nurses' home and board, $45 per month inclusive. Excellent bus and train service to Vancouver. Apply, stating salary expected to Administrator, General Hospital, Princeton, B.C.

Superintendent of Nurses for modern 80 bed hospital required immediately. Operating room Supervisor & Registered Nurses for general duty. Good personnel policies and salary for fully qualified nurses. Apply, stating qualifications and experience, to Administrator, Portage Hospital District No. 18, Portage La Prairie, Man.

Superintendent of Nurses for 53-bed hospital. Fully accredited & offering ideal working conditions to a qualified Registered Nurse. Salary: $225 plus full maintenance & apt. in new nurses' residence. Excellent personnel policies. 1 mo. annual vacation. Apply Secretary, Kentville Hospital Assoc., Kentville, Nova Scotia.

Superintendent (Sept. 1, 1956 or before) for modern 50-bed Community Hospital, 50 mi. from Ottawa. Full maintenance. 1 mo. vacation with pay after 1 yr. service. 7 statutory holidays. Apply stating qualifications & references to Sec. to the Board, Pontiac Community Hospital, Shawville, Que.

Matron & General Duty Nurse for 8-bed hospital. Salaries: $265 & $235 gross with 6, $5.00 increases every 6 mo. $25 maintenance in separate nurses' residence. 8-hr. shifts. 1 mo. vacation. Sick leave. Apply Sec. Treas., Kyle-White Bear Union Hospital, Kyle, Sask.

Matron (1) $230 per mo. General Duty Nurses (2), $200 per mo., with full maintenance for 20-bed hospital. Modern nurses' home. Usual holidays with pay & sick leave, etc. Apply to Matron, Union Hospital, Vanguard, Sask.

Supervisor for Pediatrics Dept. with postgraduate course or equivalent. Contract conforms with R.N.A.B.C. personnel practices. Apply Director of Nurses, General Hospital, Chilliwack, B.C.

Registered Nursing Supervisor (experienced) for modern 47-bed General Hospital serving district of 10,000. Starting salary: $300 per mo. Private accommodation in new nurses' residence, Board & room $50. Nursing staff of 26 enjoying advanced personnel policies & benefits. Please state age, qualifications & references to Administrator, G. R. Baker Memorial Hospital, Quesnel, B.C.

Operating Room Supervisor for 110-bed hospital. Apply, Superintendent, Charlotte County Hospital, St. Stephen, N.B.

Night Supervisor, Evening Supervisor & Staff Nurses for small hospital. Full maintenance provided in new residence. Apply Supt., Niagara Hospital, Niagara-on-the-Lake, Ontario.

Supervisors & Staff Nurses. Good salary & personnel policies. Living accommodations available. Apply Director of Nurses, General Hospital, Parry Sound, Ontario.

Hospital Supervisor for 100-bed active General Hospital. Rotating afternoon & night shift. Blue Cross. Statutory holidays. 4 wk. vacation & 2 wk. sick leave with pay after 1 yr. service. Accommodation in residence if desired. Apply stating experience & age to The Director of Nursing, Cottage Hospital, Pembroke, Ont.

Operating Room Supervisor for modern General Hospital with 5 operating rooms. Located in attractive Shakespearean Festival city of 20,000. Salary according to experience. Excellent personnel policies, pleasant surroundings & congenial residence atmosphere. Apply Director of Nursing, General Hospital, Stratford, Ont.

Night Supervisor, Assistant Head Nurses & Staff Nurses. Excellent personnel policies. Apply Director, Shriner's Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Que.

McKellar General Hospital, Fort William, Ont. requires Registered General Duty Nurses. Good personnel policies. Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped & staffed wing with extensive renovation program progressing in the old section. Apply Director of Nursing.

Instructor for school of nursing — Applications are invited for 138-bed hospital. This school is affiliated with Montreal hospitals, the teaching schools associated with McGill University. For particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses. Single room residence. $225 per mo. gross. 5 day wk. 20 mi. east of Toronto. Apply Supt. Ajax & Pickering General Hospital, Ajax, Ont.

Registered Nurses (2) for new 30-bed hospital. Apply Matron, Creston Valley Hospital, Creston, British Columbia.

Registered Nurses. Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered General Duty Nurses for new 58-bed hospital situated in North Western Ontario. Opening about Sept. 1, 1956. Salary: $227 per mo. subject to increase after 6-mo. with regular annual increase thereafter. $45 per mo. room & board. 30 days vacation & rail fare refunded after 1 yr. service. New 21-bed nurses' residence, each room having an adjoining bathroom. Apply stating age & when available to Frederick Taylor, Administrator, Dist. General Hospital, Dryden, Ont.

Registered General Duty Nurse for 35-bed hospital. Salary: $200 plus full maintenance. Apply Superintendent, Little Long Lac Hospital, Geraldton, Ontario.

Registered Nurses for General Duty. Initial salary: $200 per mo.; with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered General Duty Nurses (3) for new modern 30-bed hospital. New residence. Situated on Georgian Bay. Apply Superintendent of Nurses, General Hospital, Meaford, Ontario.

Registered General Duty Nurses for 200-bed hospital in the Niagara Peninsula. Gross salary $215, afternoons — $225, nights — $220. Annual increments. 44-hr. wk. 3-wk. vacation per yr., 8 statutory holidays. Cumulative sick leave. Accommodation available in attractive residence. Apply Director of Nursing, County General Hospital, Welland, Ont.

Registered Nurses for 28-bed general hospital 48 mi. southwest of Montreal. Gross salary, $200 per mo. Three $5 increases at 6 mo. intervals to maximum $215. 1 mo. annual vacation; all statutory holidays; 2 wks. sick leave; Blue Cross paid. Full maintenance available, $35 per mo. Apply, Mrs. M. G. Curran, County Hospital, Huntingdon, Que.

Reg'd. Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo., additional monthly bonus for permanent evening & night shifts. 44-hr. wk., 8-hr. duty. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses for 82-bed accredited hospital. Salary: $225-$245 per month. 41-hr. wk. No split shifts. 30 days paid holiday after 1 year service. Statutory holidays. Accommodation in nurses' residence and laundry of uniforms, $8-$12 monthly. Apply Superintendent of Nurses, Union Hospital, Canora, Sask.

Registered Nurses (2) for modern 8-bed hospital immediately. Salary: $240 per mo. Full maintenance $30 per mo. Apply B.E.I. Magnusson, Box 11, Hodgeville, Saskatchewan.

Registered Staff Nurses (Immediately) for 220-bed hospital, including new finely equipped wing. Duty assignments in Obstetrical, Medical & Surgical Units. Gross starting salary: $220. Good ersonnel policies. Paid vacations, sick leave, pension plan. Apply Director of Nursing Union Hospital, Moose Jaw, Sask.

Registered Nurses. Male & Female. Starting salary: $300 up, plus $10 pm shifts. 40-hr. wk., paid vacation, 10 days sick leave. Social Security, hospital group ins. Apply Mr. Glenn A. Dickau, R.N., Administrator, Memorial Hospital, Corning, California.

Registered Nurses (under age 50) General Duty — $330 per mo. **Head Nurse** — $345 to $360 per mo. Evening & night differentials. Retirement plan, sick leave benefits. 3 wk. vacation, 11 holidays. Modern nurses' residences. State eligibility for California registration & submit photo to Director of Nurses, Tulare-Kings Counties Hospital, Springville, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses for Medical-Surgical, Psychiatric, Obstetrical & Pediatric Units, 325-bed, air-conditioned hospital. Starting salary: $265 with bonus for evening & night duty. 40-hr. wk. Liberal personnel policies, low cost cafeteria, free laundry. Apply Director of Nursing, Menorah Medical Center, 4949 Rockhill Rd., Kansas City, Missouri.

Registered Nurses for 398-bed J.C.A.H. non-sectarian research & teaching hospital with N.L.N. fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Housing available at reasonable rates. Apply Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio.

General Duty Nurses (3) immediately for 30-bed hospital. Located in a good town 80 mi. east of Calgary on the CPR main line & the Trans Canada Highway. Salary: $170 per mo. with full maintenance. Increase every 6 mo. 48-hr. wk. 8-hr. rotating shift. Apply by letter or wire for details of our staff plan to Mrs. H. Hislop, Matron, Municipal Hospital, Bassano, Alta.

General Duty Nurses and **Nursing Aides.** Active 700-bed general hospital. From September 1. Good working conditions. Personnel policies upon request. For further particulars apply to Director of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

General Duty Nurse $232.50; Operating Room Nurse (1) for 70-bed hospital. Starting salary: $252.70 with increments. 40-hr. wk., 28 days vacation plus 10 statutory holidays, 1½ days sick leave monthly. Fare from Vancouver paid after 6 mo. & full board deduction of $25. Apply Matron, St. George's Hospital, Alert Bay, B.C.

General Duty Nurses for 110-bed General Hospital situated in the beautiful Fraser Valley, 68 mi. from Vancouver. Good bus service. Salary: $230 per mo. Personnel policies in accordance with R.N.A.B.C. agreement. 40-hr. wk. Residence accommodation. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

General Duty Nurses. Salary: $230-270, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses (3) Immediately for 27-bed Community Hospital. Salary: $230 per mo. with annual increments of $5.00 per mo. 40-hr. wk. 28 days vacation after 1 yr. service. All statutory holidays paid. Room, board & laundry $40 per mo. Apply, giving full details, Matron, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for new 150-bed general hospital. Starting salary for registered nurses: $230 per mo.; 4 annual increments to $40. 28 days vacation; 10 statutory holidays. 1½ sick days per mo. cumulative. Residence accommodation, $20 per mo. Apply, Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

Royal Jubilee Hospital, Victoria, B.C. invites applications for **General Duty Nurses** for permanent positions & vacation relief in 500-bed General Hospital. Salary $227.50-$262.50 5-day, 40-hr. wk. 4-wk vacation. 10 statutory holidays. Pension plan. Attractive employee benefits. Apply, Director of Nursing.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Duty Nurses for 35-bed hospital, 50 mi. from Toronto. Salary: $200 less $30 for full maintenance. 8-hr. duty. Good personnel policies & accommodation in home-like residence. Please furnish references & apply Supt., Stevenson Memorial Hospital, Alliston, Ont.

General Duty Nurses (All Departments) for New Wing opening in October. Good personnel policies. For further information apply Director of Nursing, General Hospital, Belleville, Ontario.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $210 per mo. if registered in Ontario $200 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

General Duty Nurses (3), O.R. Scrub Nurse for new 143-adult bed plus 30-bassinette hospital. Good personnel policies. Starting salary: $215 per mo. Apply Director of Nurses, Plummer Memorial Hosp., Sault Ste. Marie, Ontario.

Nursing Staff. Applications are being accepted for positions in all nursing depts. for the new Sydenham District Hospital which is due to open in September. Excellent personnel policies. Apply Director of Nursing, Sydenham District Hospital, Wallaceburg, Ontario.

General Duty and **Operating Room Nurses** for tuberculosis hospital. Personnel policies as recommended by A.N.P.Q. Apply, stating age, training and experience, to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. East, Montreal.

General Duty Nurses (2) for 20-bed hospital. Salary: $230 per mo. for Sask. R.Ns., & $210 per mo. for non Sask. R.Ns. 6 increments of $5.00 per mo. every 6 mos. less $30 for full maintenance. Apply Mrs. L. I. Walton, Supt., Nokomis Union Hospital, Nokomis, Sask.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $300 with 4 annual increases to $341. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

General Duty Nurses for 650-bed teaching hospital in central California. Salary: $288-$337 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Staff Nurses for 500-bed General Hospital. Beginning salary: $300 per mo. with advancement to $335 for those eligible for registration in the state of Michigan. Additional differential $1.50 per afternoon or night. 40-hr. wk. Hospital & school of nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

General Staff Nurses (3) for 80-bed General Hospital with early promotion to supervisory positions possible. Starting salary: $332 per mo. 8-hr. day, 5-day wk. Pay for overtime work. Vacation: 2 wks. after 12 mos., after 5 yrs., 3 wks. Sick leave. Ultra modern nurses' home. Board & room $40 per mo. Apply Director of Nursing, Sidney A. Sumby Memorial Hospital, 234 Visger Ave., River Rouge, Michigan.

Staff Nurses for new hospital now being completed. Salary: $3700-$4200 yearly; meals and laundry provided. Excellent personnel policies. Liberal vacation: statutory holidays; civil service benefits; sick time. Apply, Director of Nursing, Martland Medical Center, Newark 7, New Jersey or phone Mitchell 3-8800.

General Staff Nurses (all departments) for 340-bed hospital conveniently located near New Nork City. Beginning salary: $260 per mo. $30 bonus for 2:30-11 P.M. $20 for 10:30 P.M.-7 A.M. Extra bonus for Operating & Delivery rooms. Increments every 6 mo. for 5 yrs. 40-hr. 5-day wk. 1 meal & laundering of uniforms gratis. Living quarters available at moderate cost. Excellent personel policies. Overtime pay. 4 wk. vacation after 1 yr. 8 paid holidays. Sick time cumulative to 60 days. In-Staff educational program. Blue Cross ins. Pleasant working surroundings. Apply Director of Nursing Service, Presbyterian Hospital, Newark, New Jersey.

Graduate Nurses (2) for general duty. Salary: $250 per mo. 8-hr. day, 5-day wk. Room & Board $45 per mo. Transportation paid one way after 6-mo. service. Apply Matron, Queen Charlotte Islands Hospital, The United Church of Canada, Queen Charlotte City, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience to Matron, Terrace & District Hospital, Terrace, British Columbia.

Graduate Nurses (General Staff Positions) for General Hospital. Salary: $235.50 per mo. as minimum & $273.75 as maximum, plus shift differential for evening & night duty. 40-hr. wk. Temporary residence accommodation is available. Applicants not registered in B.C. should forward a letter of acceptance of registration in B.C. from the Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply Personnel Dept., Vancouver General Hospital, Vancouver, B.C.

Graduate Nurses & Dietician (1) for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation, bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

Graduate Nurses for duty on Obstetrical, Medical & Surgical Wards. Personnel policies as recommended by the Assoc. of Nurses of the Prov. of Quebec. Please apply Director of Nursing, Queen Elizabeth Hospital of Montreal, 2100 Marlowe Ave., Montreal 28, Que.

Operating Room nurse. Postgraduate training not essential. A.N.P.Q. salary scale in effect. All graduate staff. 8-hr. day; 5½ day wk. Apply Director of Nursing, Montreal Children's Hospital, Montreal, Que.

Operating Room & Staff Nurses for 227-bed Pediatric Hospital in sunny California. Salary: $300 per mo. with differential for Operating Room & evening & night duty. 5-day, 40-hr. wk. Liberal personnel policies including vacation, sick time & retirement. Apply Director of Nursing, Childrens Hospital Society, 4614 Sunset Blvd., Los Angeles 27, California.

Registered or Licensed Practical Nurse. Starting salary: $175 per mo. for R.N. $110 for practical. Full maintenance & living-in privileges included. 5 annual increments of $5.00 per mo. Apply John Hiscock, Sec.-Treas., Baldur Medical Nursing Unit, Baldur, Man.

Supervisor (qualified.) Good salary. Extra allowance for experience if French speaking. 5-day wk., 4-wk. vacation, 18 days sick leave cumulative annually. Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurse (Qualified). For Health Unit serving area around Lethbridge, Alberta. Salary $2640-$3180. Usual employee benefits of holiday leave, sick leave, hospitalization and participation in pension plan. Apply to Medical Officer of Health, Barons-Eureka Health Unit, Coaldale, Alta.

Public Health Nurse for the Municipality of Oak Bay, Vancouver Island, B.C. (adjoining Victoria). Duties to commence in September. Salary in accordance with provincial scale plus monthly car allowance. Should own a car. Apply, stating age, qualifications, experience and submit references to the Municipal Clerk, Municipal Hall, Oak Bay, B.C.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurses for Kent County Board of Health Unit. Minimum salary: $2,840 with annual increases of $150 per yr. for 4 successive years. 38-hr. wk. 3 wks. vacation with pay. All statutory holidays. 2 days a mo. sick leave accumulative to 48 days. Uniforms provided. Ideally located, bordered on the south by Lake Erie & by Lake St. Clair on the west. The city of Chatham being located in the centre of the county with the cities of London, Sarnia & Windsor, Ont. & the city of Detroit, Mich. all within 1 hr. drive making Kent County a most desirable place in which to live & make a living. Apply W. M. Abraham, Sec.-Treas., Kent County Board of Health, 7th St., Chatham, Ont.

Public Health Nurses for generalized program, bedside nursing included. Rural area. Blue Cross & group ins. available. Good transportation policy. 4-wk. vacation after 1 yr., statutory holidays. Apply Dr. J. I. Jeffs, Lennox & Addington County Health Unit, Napanee, Ont.

Public Health Nurse (1) for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit, Newmarket, Ont.

Public Health Nurses (Qualified) for City of Oshawa. 4 vacancies. Generalized program in urban area. Starting salary without experience: $3,100. Annual increment $120. Transportation provided. 5-day wk. Pension & hospitalization plans available. Apply A. F. Mackay M.D., Medical Officer of Health, City Hall, Oshawa, Ont.

Public Health Staff Nurses (2) for generalized program in city of 43,000. Blue Cross & P.S.I. employer shared. Transferrable accumulative sick leave & pension plans. Workmen's Compensation. Group ins. available. Transportation provided or allowance — 10¢ first 2,000 mi., 8¢ per mi. thereafter. 5-day wk. 1 mo. vacation with extra time at Christmas. Salary scale: $3,000 for inexperienced nurses to start with annual increments of $150. All starting salaries dependent on experience. For further information please write supplying details of training & experience to Medical Officer of Health, City Hall, Peterborough, Ont.

Public Health Nurse (Qualified) Duties to commence at once. Salary & conditions of employment in accordance with Registered Nurses' Association of Ontario. Apply J. H. Eakins, Clerk of the Town of Strathroy, Strathroy, Ontario.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative.) Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurse (Qualified) for expanding program in growing suburban municipality. Min. salary $3,200 with regular annual increments to $3 680. Further increases by merit rating. Starting salary based on experience. Car allowance $670 per yr. 4 wks. vac. after 1 yr. Blue Cross and pension plan. For further details apply, Personnel Director, Township of Etobicoke, 4941 A Dundas Street W., Toronto 18. Tel. BE 1-4161.

Graduate Nurse (experienced), capable of assuming position of Superintendent of Nurses in new, modern, 25-bed hospital. Required immediately. **Graduate nurses** (2) to complete staff. Salary scale according to R.N.A.B.C. policies. Board & room, $35 per mo. Apply, Administrator, Lady Elizabeth Bruce Memorial Hospital, Invermere, B.C.

Graduate Nurse for 18-bed General Hospital, situated on the beautiful Arrow Lakes. Standard salaries. Holidays. 40-hr. wk. Apply Matron, Arrow Lakes Hospital, Nakusp, B.C.

OPERATING ROOM SUPERVISOR
ASSISTANT OPERATING ROOM SUPERVISOR

Experienced, postgraduate preferred. This is a modern, well-equipped department. Salary commensurate with qualifications and experience.

Apply:

PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO

Graduate Nurses for active 52-bed hospital. Salary: $175 per mo. with full maintenance and laundry. Increments at end of 6 mo., 1 yr; 2 yrs. 1 mo. vacation after 1 yr. service. Sick leave allowance. Situated on main line between Calgary & Edmonton. Apply, Mrs. E. Harvie, Municipal Hospital, Lacombe, Alta.

Registered Nurses for new 28-bed hospital in Northern Ontario. Salary: $205 per mo. with annual increments. 44-hr. wk. 28 days annual holiday. 8 statutory holidays. Rotating shifts. Cumulative sick leave and hospital plans. New residence. Apply, Superintendent, Bingham Memorial Hospital, Matheson, Ont.

Operating Room Supervisor and **General Duty Nurses** for 43-bed General Hospital in friendly resort town. For further information, apply, Superintendent, District Memorial Hospital, Huntsville, Ontario.

Night Supervisor. Salary: $2,760-$3,300 plus cost-of-living bonus approximating $325 per annum. Excellent holiday, sick leave and pension benefits. Apply to Baker Memorial Sanatorium, Calgary, Alberta.

Graduate Nurses for general staff duty in a tuberculosis hospital for treatment of adult medical patients. For further information, apply to Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Laboratory technician with knowledge of X-ray for 56-bed hospital. Pleasant working conditions Apply Mrs. A. Kerby, Superintendent, Municipal Hospital, Stettler, Alta.

Graduate nurses for 56-bed hospital. Excellent working conditions. 8-hr. duty, rotating shifts. Apply Mrs. A. Kerby, Superintendent, Municipal Hospital, Stettler, Alta.

General duty nurses for 65-bed hospital. Gross salary: $185-$210. per mo. 44 hr. wk., statutory holidays. For further information apply, Director of Nursing Services, General and Marine Hospital, Collingwood, Ont.

General duty nurses for modern 50-bed hospital. Salary: $195 per mo. Good personnel policies. 44-hr. wk. Full maintenance. Apply, Matron, Municipal Hospital, Vermilion, Alta.

Registered General Duty Nurses (2) immediately for 16-bed hospital. Starting salary: $215 less maintenance $30. Nurses home available. Holidays & sick leave according to A.A.R.N. Apply Sec.-Treas., Municipal Hospital #73, Smoky Lake, Alberta.

Graduate Nurses (4) to commence duties as soon as possible. Gross salary: $200 per mo. less $30 perquisites. Full maintenance. 6 mo. increments of $5.00 per mo., maximum 3 yrs. Holidays with pay. 4-wks. for every 12 mo. service, which includes statutory holidays. 14 days sick leave for each 12 mos. service accumulative to 42 days. 44-hr. wk. Hospitalization $1.60 per day. Write the Matron, Municipal Hospital, Three Hills, Alta.

THE PROVINCE OF MANITOBA

requires a

SUPERINTENDENT OF NURSES

for the School for Mentally Defective Persons at Portage La Prairie, Manitoba. Applicants should be qualified in Psychiatric Nursing, registered Nurse preferred.

Experience or postgraduate study in administration would be an asset. The above position offers full Civil Service benefits, liberal sick leave, four weeks' vacation annually with pay and pension privileges.

Apply stating qualifications, experience and salary expected to:

MANITOBA CIVIL SERVICE COMMISSION

247 Legislative Building, Winnipeg, Manitoba.

The
Ontario Society for Crippled Children

requires

EXPERIENCED PUBLIC HEALTH NURSES

GOOD SALARY RANGE

and

PERSONNEL POLICIES

For further information apply to:

THE SUPERVISOR OF NURSING SERVICES,
ONTARIO SOCIETY FOR CRIPPLED CHILDREN,
92 COLLEGE STREET, TORONTO 2, ONTARIO

General Duty Nurses (2) for permanent staff of well equipped small hospital. Salary: $175 per mo. plus full maintenance. 5½ day wk., 8-hr. duty. Rotating shifts, long week-end following night duty. 1 mo. vacation after 1 yr. Apply Supt., Saugeen Memorial, Southampton, Ontario.

Superintendent for new modern 25-bed hospital opening December 1, 1956. Full maintenance. 3-wks. vacation with pay after 1 yr. service. 7 statutory holidays. Apply stating qualifications & references to Mrs. Wilfred Graye, Sec. to the Board, Tobique Valley Hospital, Plaster Rock, N.B.

Assistant Director & Operating Room Nurse for 87-bed General Hospital in Central B.C. Accomodation available & fare refunded after 6 mo. service. Apply stating qualifications experience & date available to the Administrator, Prince George & District Hospital, Prince George, B.C.

Supervisor of Nursing (R.N. experienced in nursing service administration desirable) for new modern 50-bed General Hospital in progressive town (10,000) in Cariboo Dist. central B.C. 14 R.N.'s., 10 Aides, 6 Med. staff. Priv. suite in new residence. Salary commensurate with qualifications. 40-hr. wk., 28 days vacation plus 10 statutory holidays. Sick leave. Travel allowance. Please state age, salary expected, experience & references to Administrator, G. R. Baker Memorial Hospital, Quesnel, B.C.

Operating Room Supervisor with special training in anesthesiology — Salary open. **Operating Room Nurses** — Salary: $320 per mo. **Staff Nurses for Nursing Areas** — Salary: $270 per mo. Liberal personnel policies, full maintenance provided. 40-hr. wk. 2 wks. vacation with pay after 1 yr. service. Apply Director of Nursing, White Pine County General Hospital, Ely, Nevada.

Assistant Head Nurses & General Duty Nurses for 150-bed Communicable Disease Hospital. Apply Director of Nursing, Alexandra Hospital, Montreal, Que.

Registered General Duty Nurses (2) for 35-bed hospital. Salary: $185 per mo. plus full maintenance. 4 increments at $5.00 per mo. after each 6 mo. 1 mo. vacation pay, sick leave & hospitalization benefits. If employed for 1 yr. a refund of train fare from any point in Canada given. Apply Miss M. A. MacDonald, Matron, Municipal Hospital, Two Hills, Alberta. Phone 335.

CANADIAN RED CROSS SOCIETY

invites applications for STAFF and ADMINISTRATIVE positions in HOSPITAL, PUBLIC HEALTH NURSING SERVICES, and BLOOD TRANSFUSION SERVICE for various parts of Canada.

- **The majority of opportunities are in OUTPOST SERVICES in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.**
- **Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances. Bursaries are available for post-graduate study.**

For further particulars apply:

NATIONAL DIRECTOR, NURSING SERVICES, CANADIAN RED CROSS SOCIETY,
95 WELLESLEY ST., TORONTO 5, ONTARIO.

REGISTERED NURSES

FOR GENERAL DUTY AND OPERATING ROOM

opportunities available at

THE MONTREAL GENERAL HOSPITAL

For further particulars write to:

DIRECTOR OF NURSING, 1650 CEDAR AVENUE, MONTREAL 25, P.Q.

Registered General Duty Nurses. Starting salary: $225 per mo., maximum, $255. Annual increment $120. Board & room available in new nurses' residence $45 per mo. Blue Cross coverage paid by hospital. Transportation costs remitted after 6 mo. Apply Matron, General Hospital, Atikokan, Ont.

Registered General Duty Nurses for beautiful new 112-bed modern hospital opening immediately. Advancement to supervisory positions for early applicants. Salary: $310 to start. Merit increases. 40-hr. wk. Annual vacation, paid holidays. Sick leave, group ins. Dynamic, lovely California city. Write full particulars to Director of Nurses, Greater Bakersfield Memorial Hospital, 420, 34th St., Bakersfield, California.

Public Health Nurse (Qualified) for senior position, generalized Public Health Nursing. Salary: $3,750 per yr. 5-day wk. Sick pay benefits, Blue Cross, P.S.I. Car allowance. Apply J. H. Miller, Municipal Clerk, Town of New Toronto, 185 Fifth St., New Toronto, Ont.

Wentworth County Health Unit requires Public Health Nurses. Salary schedule: $3,000-$3,600. 5-day wk. 4 wk. vacation with pay. Blue Cross & medical plan available. Pension plan, sick leave credits. Liberal car allowance, loans on purchase of car available. Apply giving experience & qualifications to A. F. Stewart, National Revenue Bldg., Hamilton, Ont. Phone JA. 8-2581.

Medical Secretary for medical dept. firm of manufacturing chemists, West end of city. 2 or 3 yrs. experience secretarial work with nursing background. Canteen on premises. 5-day wk. Salary commensurate with ability. Apply Personnel Dept., Merck & Co. Ltd., P.O. Box 899, Montreal 3, Que.

Operating Room Nurses (2) for 60-bed General Hospital. Good salary. 5½ day wk. Statutory Holidays. Apply Supt., Leamington District Memorial Hospital, Leamington, Ont.

Surgical Nurse (Full time position) for small hospital in San Joaquin Valley of California. Wonderful climate, 2 hrs. from San Francisco & mountain resorts. Good salary & pleasant working conditions. Will also welcome applications for **General Duty Nurse.** Apply Administrator, Lillian Collins Hospital, 330 Crane Ave., Turlock, California.

Director of Nursing for approx. 100-bed hospital with School of Nursing (30-40 students.) Initial salary: $250-$300 per mo. depending on qualifications & experience. Qualifications desired: Degree or postgraduate certification in nursing service & school of nursing administration & some experience. Perquisites: Private 3-room apt. in residence; full maintenance & laundry provided. Apply with references to Chairman, Personnel committee, Victoria Hospital, Renfrew, Ontario.

GENERAL STAFF NURSES

For 526-bed General Hospital with opportunity for advancement. Rotating or permanent day, evening & night assignments. 40-hr. wk. 6-hr. evening duty. Salary $270 to $310 with planned merit increases. Substantial evening & night bonus. Tuition assistance for university & college courses. On duty time may be arranged to accommodate college schedules. 2 wk. vacation after 1 yr. of service, 3-wk. after 2 yrs. 5-10 days paid sick leave. Uniforms laundered. Temporary housing available in the hospital residence at a nominal fee. Convenient public transportation.

Apply:

DIRECTOR OF NURSING SERVICE, SAINT LUKE'S HOSPITAL, 11311 SHAKER BLVD., CLEVELAND 4, OHIO

PEDIATRIC INSTRUCTOR

Responsible for classroom and clinical instruction in pediatric nursing & co-ordinating maternal & child care program in school where organizational set-up permits stressing of patient-centred care and student-centred learning activities.

For further information apply:

DIRECTOR, SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO.

REQUIRED IMMEDIATELY

Head Nurse, Nursery
(Postgraduate experience preferred)
General Staff Nurses, All departments
($225 per mo. plus laundry)

New 300-bed General Hospital. Excellent Personnel Policies.

For further information apply:

Director of Nursing, Memorial Hospital, Regent St. S., Sudbury, Ontario.

REGISTERED NURSES
$2,610-$3,360

CERTIFIED NURSING ASSISTANTS
$2,040-$2,220

SUNNYBROOK HOSPITAL
TORONTO

WESTMINSTER HOSPITAL
LONDON

Application forms, available at your nearest Civil Service Commission Office, National Employment Service & Post Offices, should be forwarded to the

CIVIL SERVICE COMMISSION,
25 ST. CLAIR AVE. E., TORONTO 7, ONTARIO

GENERAL STAFF and PSYCHIATRIC NURSES

Required to staff

New wing of 350-bed General Hospital.

Basic salary: $250 per mo. with yearly increments of $120 for 3 years.

Differential for evening & night duty.

For further information apply to:

DIRECTOR OF NURSING SERVICES, METROPOLITAN GENERAL HOSPITAL
1995 LENS AVENUE, WINDSOR, ONTARIO

GRENFELL LABRADOR MEDICAL MISSION

The Grenfell Mission requires a Laboratory Technician, Occupational Therapist and Nurses for their headquarters at St. Anthony, Newfoundland. These are positions which combine work in a modern hospital with the opportunity for service to the people of the Canadian Northland.

For full information please write:

MISS DOROTHY A. PLANT, SECRETARY
GRENFELL LABRADOR MEDICAL MISSION, 48 SPARKS ST, OTTAWA 4, ONTARIO

PROVINCE OF NOVA SCOTIA
DEPARTMENT OF PUBLIC HEALTH,
REQUIRES NURSES

Applications are invited from Graduate Nurses with or without public health training for positions in the Division of Public Health Nursing, Department of Public Health, Nova Scotia. Bursaries available for training. Salary dependent on training and experience.

For further information and application forms apply to

DIRECTOR OF
DIVISION OF PUBLIC HEALTH NURSING
DEPARTMENT OF PUBLIC HEALTH
PROVINCIAL BUILDING
HOLLIS STREET, HALIFAX, N.S.

or

NOVA SCOTIA CIVIL SERVICE COMMISSION
P.O. BOX 943, HALIFAX, N.S.

REGISTERED NURSES
NURSING ASSISTANTS
ORDERLIES

Required for all Departments in New 150-bed General Hospital

Excellent Salary & Personnel Policies

Hospital scheduled to open August 1st, 1956

Apply

DIRECTOR OF NURSING,
QUEENSWAY
GENERAL HOSPITAL
TORONTO 14, ONTARIO

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty-four hour week. Salary $220 to $260 gross per month. Differential for evening and night duty, Residence Accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

REGISTERED NURSES' ASSOCIATION
OF ONTARIO

invites applications for the position of
PROFESSIONAL SECRETARY IN PROVINCIAL OFFICE

Advanced preparation and experience essential,
preferably in nursing service administration.

For further information, apply to:

MISS FLORENCE H. WALKER, GENERAL SECRETARY-TREASURER,
515 JARVIS ST., TORONTO

POSITION NOW OPEN

NURSING INSTRUCTRESS

(Immediately)

Registered Nurse with experience & preferably postgraduate training in Psychiatric Nursing & Nursing Instruction to teach affiliate student nurses rotating through new 25-bed psychiatric ward in the Union Hospital, Moose Jaw.

Salary range:
$288-$350 per month.

Application forms are available from the

PUBLIC SERVICE COMMISSION,
LEGISLATIVE BUILDING,
REGINA, SASKATCHEWAN

MOOSE JAW
UNION HOSPITAL

PSYCHIATRIC WARD

requires immediately

REGISTERED NURSES $232-$288

This new 25-bed institution is being opened by the Saskatchewan Dept. of Public Health. Applicants should be registered with their professional assoc. & have some successful nursing experience.

Application forms are available from the
PUBLIC SERVICE COMMISSION,
LEGISLATIVE BLDG., REGINA, SASK.
& should be filed immediately.

DIRECTOR OF NURSING

Fully accredited suburban hospital recently enlarged to 125 beds requires Director to take charge of Nursing Service of 110 personnel — No training school.

- Postgraduate training in Nursing Administration &/or equivalent experience required.
- Salary fully commensurate with the importance of the position.
- Full scope for progressive direction & personal satisfaction.
- Congenial working conditions in a well established smaller city hospital.

Enquire in confidence to

Administrator: **HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST., WESTON, TORONTO 15, ONT.**

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